

## Individual-related determinants of health-seeking behaviours for child health services among mothers getting health care at Katabi Military Hospital, Wakiso District. A cross-sectional study.

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### ABSTRACT

#### Background:

Globally, common causes of under-five morbidity and mortality in developing countries could be substantially reduced through timely healthcare-seeking behaviour (HCSB) by families. The study aimed to identify the individual-related determinants of health-seeking behaviours for child health services among mothers getting health care at Katabi Military Hospital, Wakiso District.

#### Methodology:

A descriptive cross-sectional quantitative study was conducted at Katabi Military Hospital, Wakiso District, among 45 mothers seeking child health services. Convenience sampling and a self-administered questionnaire captured sociodemographic, individual, socioeconomic, and facility-related factors influencing health-seeking behaviour. Sample size was determined using the Kish-Leslie formula. Data were collected with institutional approval, managed, and analysed using Microsoft Excel to generate percentages. Quality assurance involved pretesting the tool, while ethical clearance, informed consent, and confidentiality were ensured throughout the study. Validity and reliability were strengthened through supervision, data handling, and secure storage.

#### Results:

Results showed that most respondents were aged above 35 years (42.2%), followed by 25-34 years (33.3%) and 15-24 years (24.5%). Over half had primary education (51.1%), 40.0% secondary, and 8.9% tertiary. Individual factors revealed that 80.0% reported household decision-making power as a stronger predictor of child health-seeking than education. High fever was considered the most serious illness (51.1%), followed by severe diarrhoea (28.9%), persistent cough (15.6%), and unconsciousness (4.4%). Most mothers (84.4%) agreed that education influences care-seeking. Access to health information improved behaviour for 60.0%, while 75.6% believed knowledge of service availability enhanced timely utilisation.

#### Conclusion:

Maternal autonomy played a critical role in timely child health-care seeking.

#### Recommendation:

Mothers should be empowered to make independent health-related decisions for their children through community education and gender-equity interventions.

**Keywords:** Individual related determinants, High fever, child health services, healthcare-seeking behaviour, Katabi Military Hospital.

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### BACKGROUND OF THE STUDY

Globally, common causes of under-five morbidity and mortality in developing countries could be substantially reduced through timely healthcare-seeking behaviour (HCSB) by families. However, evidence shows that a large proportion of sick children do not visit health facilities, resulting in many children dying without ever reaching formal care due to delays in seeking treatment (WHO, 2015).

Despite global progress in reducing child mortality, an estimated 5.3 million under-five children died in 2018, nearly half of whom were in sub-Saharan Africa. Morbidity from preventable illnesses such as pneumonia, malaria, and diarrhea accounted for approximately 29% of global under-five deaths. Malaria alone caused about 266,000 deaths, while diarrhea was responsible for an estimated 480,000 deaths worldwide.

Additionally, measles caused approximately 140,000 deaths in 2018, mostly among children under five.

Seeking medical care for sick children is a crucial component of child survival. Global initiatives such as the Integrated Management of Childhood Illness (IMCI) have been implemented to guide effective child health care practices. In the same way, UNICEF's Strategy for Health 2016–2030 focuses on ending preventable maternal, newborn, and child deaths, and this promotes overall child health and development (Adedokun & Yaya, 2020).

At the individual and household level, maternal characteristics play a key role in care-seeking behaviour. Across Africa, studies consistently show that a mother's education, knowledge, and exposure to health information significantly influence the likelihood of seeking formal healthcare for a sick child. Highly educated mothers are more likely to recognize

danger signs early and seek appropriate care (Amoo & Adeleke, 2018; Nyamu et al., 2019).

The study aimed to identify the individual-related determinants of health-seeking behaviours for child health services among mothers getting health care at Katabi Military Hospital, Wakiso District.

## METHODOLOGY

### Study Design

A descriptive cross-sectional research design using quantitative data collection methods was used, as it is the most suitable research design for the current research topic. This design allowed the collection of data describing the state of a phenomenon of interest occurring in a population at one point in time, and there was no need for follow-up.

### Study Setting

The study was conducted in Katabi military hospital, which lies in Wakiso District, 34 Km from Kampala, the capital city of Uganda. This hospital serves both the military and local communities. It offers various services including, among others, antenatal care, inpatient, outpatient, family planning, cervical cancer screening, dental, ophthalmics, immunization, and laboratory services. The health facility serves a population of more than 2000 outpatients per week, with above 50 of them being children. The facility has the OPD unit, pharmacy, Laboratory, YCC, ANC unit, FP unit, ART clinic, HIV/AIDS, dental clinic, records department, and TB screening services. The facility has a Gynecologist in charge, 1 administrator, 3 medical officers, 10 clinical officers, 25 nurses, 10 midwives, 5 pharmacy technicians, 6 laboratory technicians, 1 ophthalmic clinical officer, 1 dental technologist, 3 mortuary attendants, 5 counselors with up to 8 support staff.

### Study Population

The study consisted of all mothers and their children seeking healthcare from Katabi Military Hospital. The target population for this study was mothers and their children, and a total of 45 respondents were considered suitable for this study.

### Sample size determination

According to Kish 1965 the sample size of 30 to 200 suffices for a percent of 20 to 80 of the attributes are present, and using the Kish Leslie formula (1965).

$$n = \frac{z^2 pq}{d^2}$$

n = sample size, z = Z- score for the desired confidence level (1.96 for 95% confidence)

p = Assumed true population prevalence estimated as 97% (Liu et al, 2017).

q = Complement of p (1-p), d = Margin of error (0.05)

$n = \frac{(1.96)^2 (0.97) (1 - 0.97)}{(0.05)^2}$  n = 44.68, n is approximately 45

### Sampling procedure.

A convenience sampling method was used to select the respondents. In the event that the selected respondent is unable

to participate in the study, another respondent will be considered.

### Inclusive Criteria

All mothers seeking child healthcare services at Katabi Military Hospital, both soldiers and civilians of any nationality, aged above 18 years and able to read and write in English having freely accepted to take part in the study and filled a consent form.

### Exclusive Criteria

All mothers over 18 years of age, both military personnel and civilians of any nationality, who are literate, seeking paediatric care at Katabi Military Hospital, and who voluntarily consent to participate in the study but are unable to do so due to reasons of being sick, busy, or away from Katabi during the data collection period, were excluded.

### Independent Variables

**Individual factors** are factors that significantly determine how individuals interact with the world, make decisions, and behave.

### Dependent Variables

**Health-seeking behaviours** are the actions individuals take to address a perceived health problem, maintain their health, or prevent illness.

### Research Instrument and Rationale

The data were collected using a self-administered questionnaire, which consisted of both closed and open-ended questions arranged under four headings: social demographic data, individual, socioeconomic, and facility-related determinants of health-seeking behaviors for child health services among mothers at Katabi military hospital, Wakiso district.

### Data Collection Procedure

An introductory letter was obtained from the research committee of Mildmay School of Nursing and Midwifery after the approval of the research proposal, which was submitted to the hospital administration of Katabi military hospital, where the interview schedule was conducted. The data collected was checked for completeness and accuracy at the end of each day of data collection. The filled questionnaires were kept under key and lock custody until all 45 respondents were got.

### Data Management

After collecting data, it was checked and edited at the end of each day to ensure quality filling of questionnaires. The researcher entered the responses in a computer using the Microsoft Excel software for analysis of the questionnaires, where results were converted into a percentage distribution of the respondents with the study variables.

### Data Analysis

Processed data was analysed by grouping the same ideas together and interpreted.

The findings were compared with those in the literature review forming conclusion. This may be done using Microsoft Excel software installed on the computer.

**Quality Assurance and Validity**

The research instrument was pre-tested on 10 mothers seeking child healthcare services at Nsamisi military hospital, Wakiso district, and thereafter refined with the help of the supervisor so as to ensure reliability and validity.

**Ethical Considerations**

Ethical clearance was obtained from the research and ethics committee, Mildmay School of Nursing and Midwifery, and thereafter administration clearance was obtained from Katabi Military Hospital. No harm was done to the subjects in the study. Verbal and written consent were obtained from each study participant. The data collected was handled with confidentiality.

**RESULTS**

**Social-Demographic Data**

**Table 1: shows the socio-demographic data of the respondents, N=45**

Number	variables	Responses	Frequency	Percentage (%)
1	Age	15-24 years	11	24.5
		25-34 years	15	33.3
		Above 35years	19	42.2
2	Education	Primary	23	51.1
		Secondary	18	40.0
		Tertiary	04	08.9
3	Occupation	Business	10	22.2
		Self employed	20	44.4
		Formally employed	09	20.0
		No job	06	13.4
4	Marital status	single	23	51.1
		married	16	35.5
		widowed	03	06.7
		separated	03	06.7

Table 1, in the age category, most of the respondents 42.2% were above 35 years, followed by 33.3% who were between 25-34 years, and the least percentage, 24.5%, were between the age group of 15-24 years. For the education level of the respondents, just above average, 51.1% had primary level, followed by 40.0% for secondary level, and only 8.9% had completed tertiary level. Less than the average of the respondents (44.4%) was self-employed, with 22.2% operating businesses, as 20.0% were formally employed, and only 13.4% had no jobs. Finally, the majority of the respondents 51.1% were single, while 35.5% were married, and the least

percentage 06.7% were widows same as those who had separated.

**The Individual determinants of health-seeking behaviours for child health services among mothers.**

The majority of the respondents 80.0% agreed, and the remaining 20.0% didn't agree that their decision-making power in a household was a stronger predictor of their child's health care service-seeking behaviour than their educational attainment alone.

**Table 2: shows what respondents consider as a serious illness for their children that required a health facility visit, N=45**

Responses	Frequency	Percentage (%)
High fever	23	51.1
Persistent cough	07	15.6
Severe diarrhea	13	28.9
Unconsciousness	02	04.4

Table 2, 51.1% of the respondents suggested high fever, followed by 28.9% and then 15.6% who suggested severe diarrhoea and persistent cough, respectively, while only 4.4% opted for unconsciousness as a "serious" illness for their children that requires a health facility visit.

On whether mother's health seeking behavior for child care services depends on their education level, most of the mothers 84.4% agreed, and only 15.6% didn't.

**Figure 1: shows whether access to health service-related information improves mothers' health care seeking behavior for children, N=45**

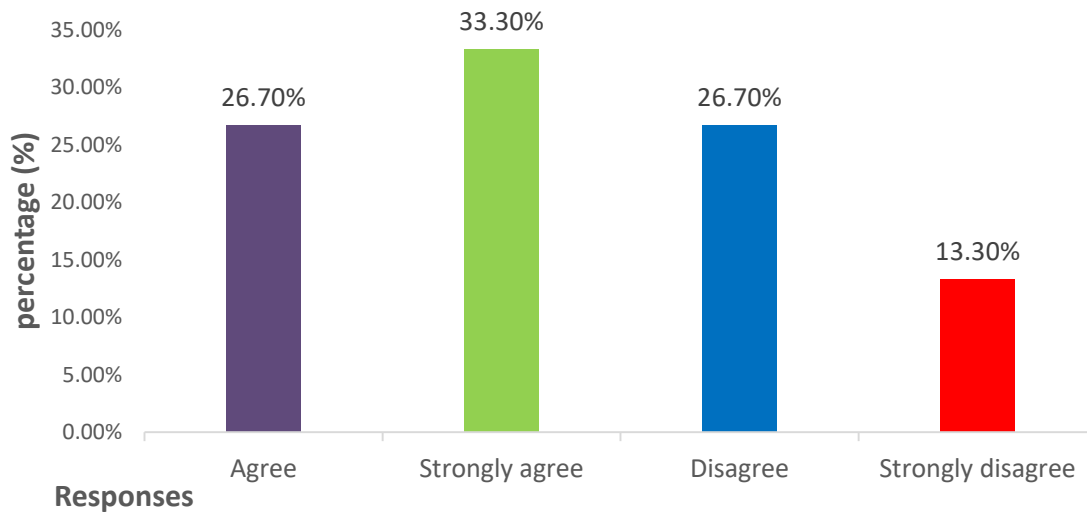


Figure 1, 26.7% and 33.3% agreed and strongly agreed, while 26.7% and 13.3% disagreed and strongly disagreed, respectively, that access to health service-related information improves mothers' health care-seeking behaviour for their children.

About believing that having knowledge regarding health services availability would improve mothers' health-seeking behavior for their children, the majority of the respondents 75.6% believed so, while 24.4% didn't believe so.

## DISCUSSION

The majority of respondents (80.0%) agreed that their decision-making power within the household was a stronger predictor of their child's health service-seeking behaviour than educational attainment alone. This finding aligns with Naseem and Ghaffar (2024), who demonstrated that a mother's autonomy in household decision-making significantly influences her health-seeking behaviour, independent of her education level. The study further observed that even less-educated mothers were highly likely to seek timely care if they had the authority to make health-related decisions for their children. These results highlight the importance of empowering mothers in household decision-making, alongside educational interventions, to improve child health outcomes.

Regarding the influence of maternal education on health-seeking behaviour, most mothers (84.4%) agreed that higher education positively affected their care-seeking practices. This is consistent with the study by Susanto et al. (2024), which revealed that mothers with higher levels of education were more likely to utilize formal healthcare services than their less-educated counterparts. Education equips mothers with

knowledge, enabling them to recognize danger signs and make informed decisions about their children's health.

Access to health service information was also identified as a crucial determinant of care-seeking behaviour. Approximately 60.0% of respondents agreed that being informed about available health services improved their ability to seek care on time, and 75.6% believed that knowledge of service availability enhanced their health-seeking behaviour. These findings are supported by Amoo and Adeleke (2018) and Nyamu et al. (2019), who reported that mothers' exposure to health information and awareness of service availability significantly increased the likelihood of seeking formal healthcare for children.

Overall, the findings emphasize that interventions to improve child health should focus not only on maternal education but also on promoting maternal autonomy in decision-making and enhancing access to timely health information. Empowering mothers in these areas can lead to more prompt and appropriate care-seeking for childhood illnesses.

## CONCLUSION

The study revealed that maternal autonomy played a critical role in timely child health-care seeking. Even less-educated mothers were more likely to seek timely care for their children when they had the freedom to make health-related decisions independently. This finding is notable given that the majority of respondents had only attained primary education, yet demonstrated positive care-seeking behaviour when empowered. Additionally, employment type influenced care-seeking behaviour; although only a few of the mothers were formally employed, those in informal employment exhibited better child health-care-seeking behaviour compared to their

formally employed counterparts. This suggests that flexibility and control over time and resources may enhance timely health-care utilization.

## RECOMMENDATION

Mothers should be empowered to make independent health-related decisions for their children through community education and gender-equity interventions.

Communities should be sensitized to discourage harmful cultural beliefs and practices, including the use of home remedies as the first option when children fall sick.

Continuous health education should be provided to mothers on the importance of early care-seeking for childhood illnesses to promote prevention, early detection, and timely management.

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## LIST OF ABBREVIATIONS

**AIDS:** Acquired Immune Deficiency Syndrome

**AMREF:** African Medical and Research Foundation

**ANC:** Antenatal Care

**HCSB:** Healthcare Seeking Behavior

**HCW:** Health Care Worker

**IRC:** Institutional Research Committee

**MNT:** Maternal and Neonatal Tetanus

**MOH:** Ministry of Health

**NGO:** Non-Governmental Organization

**Td:** Tetanus diphtheria

**UNFPA:** United Nations Fund for Population Activities

**UNICEF:** United Nations International Children's Education Fund

**WHO:** World Health Organization

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The study had no funding.

## CONFLICT OF INTEREST

The authors declare no conflict of interest.

## DATA AVAILABILITY

Data is available upon request from the author.

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## AUTHOR CONTRIBUTIONS

**SA:** collected the data.

**JN:** supervised the study.

**IN:** supervised the study.

**JFN:** supervised the study.

**FS:** supervised the study.

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