Parental health information seeking behaviour regarding care of childhood illnesses in hospitals in Owo, Ondo State.

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ABSTRACT

Background: *Health information seeking is an important drive for health promotion, maintenance and restoration. Information seeking behavior is seen to be a personal initiative for fulfilling a recognized need. There is need for parents and caregivers to gain access to relevant health information about childhood illnesses and ensure improvement of their children's health.*
The study was predicated on Wilson's Model of Information Seeking.
Method: *This study was conducted to assess parental health information seeking behaviour regarding care of childhood illnesses in 3 selected hospitals in Owo, Ondo State among 226 parents of children aged 5 years and below using standardized and self-administered questionnaire adapted from a previous study. Data analysis was done using descriptive analysis and a P- value of < or = 0.05 was considered statistically significant.*
Findings: *At a varying degree, 61.1%, 14.2% and 21.7% of the respondents almost always, often and sometimes respectively seek information from health providers. The study found out that the majority of the respondents seek health information from health care providers.* ***Discussions:*** *Three major hindrances such as time constraint, lack of understanding and conflict of information were advanced by the parents while the relationship between parental education and their search for health information was $0.00 < P < 0.05$ was at the significant level. The study concludes that parental perception of online information significantly affects childcare during childhood illnesses. Education has a significant influence on health information seeking behaviour of parents regarding care during childhood illnesses in Owo Local Government.*
Implication: *Mothers rely heavily on health care providers; it is expedient to counsel the mothers to validate all health information from all sources, particularly, some conflicting information about some illnesses*

Keywords: Information, seeking, Parental health information, Health information seeking behavior, childhood illnesses.

INTRODUCTION

Most low resources world countries especially Africa, are faced with challenging health issues therefore, health information is important to empower patients, parents and caregivers.[1] This will enhance better informed decision-making regarding treatment options, increased patient compliance, stronger patient-provider relationships and positive treatment outcomes.[2]

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Health information-seeking behavior is defined as a method of gathering information by health consumers to obtain knowledge about their health and disease and make health decisions with behavioural changes accompanying it.[3] There is need for parents and caregivers to gain access to relevant health information about childhood illnesses and ensure improvement of the children's health. Parents seek health information for various reasons which can be getting to know about childhood illnesses/ disease, deliveries, breastfeeding and so on. It was observed that mothers play active role in health information seeking because mothers have been more involved in managing the health of their family members.[4] Health information seeking behaviour (HISB) which is gotten from healthcare providers (nurses and doctors) has to be evidence based, easy to be understood by layman and has ability to raise awareness of healthcare services available; HISB is interwoven with the social and personal dimensions of individuals' perception and understanding of health and people use numerous ways to seek health information on daily basis.[5-7]

Information seeking behavior is seen to be a personal initiative for fulfilling a recognized need. Therefore, information seeking behavior arises from information need. A study revealed that in sub-Saharan Africa, 1 in every 13 children died before age 5 from malaria complications such as convulsion, diarrhea, pneumonia, tuberculosis and HIV infection just because proper health information seeking behavior was not adopted.[8] The global estimate of mortality of under-five year children was 5.2 million in 2019. Out of these, 1.5 million died between 1 to 11 months, 1.3 million died between 1 and 4 years while the remaining 2.4 million died within the first 28 day.[9]

Though studies have been conducted on parental health seeking behaviours outside and within Nigeria despite extensive literature search, no such study has been identified concerning Owo.[10] thus this study was undertaken with the aim of exploring the health care information-seeking behaviour of parents for their children under 5 years of age when they fall ill in Owo metropolis in Ondo State, Nigeria. Specifically, the study sought to identify health information sources with their perceived effects on parents regarding care of childhood illnesses, investigate factor(s) that may hinder parents from seeking health information; assess the effect of parental perception of online health information on care during childhood illnesses and examine the influence of education of parents of under on their search for health information on childhood illnesses.

METHODS

Research design

The research design that was used for the study is cross-sectional descriptive quantitative study design.

Population

The target population was all parents of children aged 0-5attending care in the selected facilities in Owo metropolis. Prior the study, preliminary visits were paid to these hospitals to make sure that respondents are available for the study. It was found out that the monthly average attendance was 521from the three hospitals. 150 from the General hospital, 181 from the Primary Health Centre and 190 from FMC, Owo.

Parents who brought their children for health care from January 2020 – December 2020 were 6256. Data collection was done once from individual parents.

Sample Size and Sampling Techniques

The sample size of 266 was determined by using Taro Yamane's formula (Yamane, 1967). Simple random sampling was used in selecting the respondents; each mother of five years and below has the same probability of being chosen to be part of the sample.

Instruments for Data Collection

Standardized, self-administered questionnaire adapted from a previous study (De Leeuw, 2008) was used for data collection and it comprises the following sections; Section A: consists of 8 items on the socio- demographic characteristics of the participants Section B consists of 9 items on the sources of health information seeking behaviour with their frequency of using the different information sources regarding childhood illnesses and the perceived effects on parents. Section C: consists of 7 items on the factors preventing parents from seeking health information. Section D: consists of 14 items on parental perception of online health information and how it affects the care given during childhood illnesses and Section E: consists of the influence of education of parents on health information seeking behaviour.

Method of Data Collection

Two trained research assistants who were registered nurses carried out data collection after due instructions and training. The researcher and assistants visited the outpatient

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clinics beforehand to plan data collection. Parents completed the questionnaire after their consultation. A total of 226 questionnaires were distributed across the three facilities: FMC (81), PHC (79), and General Hospital (66).

Method of Data Analysis Data were analyzed using SPSS version 25. Descriptive statistics (frequency and percentage) addressed the study objectives. Ordinary Least Squares Regression (OLS) was used to test hypotheses at a significance level of $p \leq 0.05$.

Ethical Consideration

Permission for data collection (supported with a written letter) was obtained from the management of the General Hospital Owo. A letter permit while verbal informed consent was secured from the research respondents. Confidentiality was maintained throughout the study, with data securely stored after analysis.

RESULTS

All the questionnaires administered were retrieved due to the close monitoring and follow-up. All the two hundred and twenty-six (226) questionnaires were retrieved. Response made was 100%. Descriptive data analysis approach was adopted in analyzing the data.

Demographic Information

Among respondents, 224 (99.1%) were females. Table 1 presents the rest of the socio-demographic characteristics of the respondents.

Table 1: Socio-demographic Variables of the Respondents

Socio-demographic Variables	Frequency	Percent
Age (in Years)		
20-29	80	35.4
30-39	78	34.5
40-49	68	30.1
Sex		
Female	224	99.1
Male	2	0.9
Level of Education		
Primary	33	14.6
Secondary	77	34.1
Tertiary	94	41.6

No formal education	22	9.7
Marital Status		
Single	33	14.6
Married	176	77.9
Divorced	3	1.3
Widow	14	6.2
Religion Affiliation		
Christianity	158	69.9
Islam	64	28.3
Others	4	1.8
Occupation		
Trading	95	42
Civil servant	105	46.5
Housewife	26	11.5
Age of Children		
0-2.4 years	102	45.1
2.5-5 years	124	54.9
Place of Residence		
Owo township	170	75.2
Owo suburb	56	24.8

Sources of health information

Most respondents preferred health providers as their primary source. Table 2 shows the sources of health information to the respondents.

Overall, respondents preferred health providers, the internet, mass media, and family over books, journals, friends, colleagues, and libraries.

Table 2: Sources of health information to the Respondents

Variables	Almost Always	Often	Sometimes	Rarely	Never
Health Care Providers	138(61.1%)	32(14.2%)	49(21.7%)	4(1.8%)	3(1.3%)
Internet	34(14.0%)	36(15.9%)	34(15.0%)	12(5.3%)	110(48.7%
Books	33(14.6%)	24(10.6%)	35(15.5%)	16(7.1%)	118(52.2%)
Printed Journals	12(5.3%)	15(6.6%)	33(14.6%)	23(1.02%)	143(63.3%)

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Mass Media	31(13.7%)	23(10.2%)	67(29.6%)	35(15.5%)	70(31.0%)
Friends	26(11.5%)	23(10.2%)	62(29.4%)	31(15.5%)	84(37.2%)
Colleagues	29(12.8%)	20(12.8%)	47(20.8%)	30(13.3%)	100(44.2%)
Family	60(26.5%)	48(21.2%)	61(27.0)	19(8.4%)	38(16.8%)
Library	19(8.4%)	25(11.1%)	17(7.5%)	25(11.1%)	140(61.9%)

Parental perceived effect of online information regarding childhood illnesses

A total of 26 (11.5%) and 53 (23.5%) of the respondents at varying degree strongly agree and agree, respectively that they have difficulty falling asleep after searching health information about their children's illness after searching online while 54 (23.9%) and 29 (12.8%) disagree and strongly disagree, respectively on having difficulty falling asleep after searching. Table 5 presents the parental perceived effect of online information regarding childhood illnesses.

Table 3: Parental perceived effect of online information regarding childhood illnesses

Statement items eliciting Parental perception	**SA**	**A**	**U**	**D**	**SD**
I have difficulty falling asleep after searching from online source	26 (11.5)	53 (23.5)	64 (28.3)	54 (23.9)	29 (12.8)
I find it difficult to stop worrying about my child's health	20 (8.8)	64 (28.3)	78 (34.5)	39 (17.3)	25 (11.1)
I feel more anxious and distressed than before	39 (17.3)	54 (23.9)	66 (29.2)	42 (18.6)	25 (11.1)
I become panicky when I found that my child's illness is a rare case	26 (11.5)	55 (24.3)	68 (30.1)	46 (20.4)	31 (13.7)
I find it hard to relax after searching online	28 (12.4)	53 (23.5)	70 (31.0)	50 (22.1)	25 (11.1)
I become angry and irritated more easily after searching	20 (8.8)	36 (15.9)	71 (31.4)	69 (30.5)	30 (13.3)
Searching online for health information relevant to my child interferes with my everyday activities	29 (12.8)	52 (23.0)	71 (31.4)	47 (20.8)	27 (11.9)
When searching, I concentrate on information relevant to my child's symptoms	35 (15.5)	57 (25.2)	77 (34.1)	40 (17.7)	17 (7.5)
	45	73	67	26	15

Statement items eliciting Parental perception	SA	A	U	D	SD
I am particularly interested in whether the problems or symptoms need treatment	(19.9)	(32.3)	(29.6)	(11.5)	(6.6)
Searching online for health information relevant to my child's symptoms makes me suspect he or she has a particular disease	21 (9.3)	46 (20.4)	72 (31.9)	61 (27.0)	26 (11.5)
Searching online makes me hope and look for practical advice	38 (16.8)	70 (31.0)	66 (29.2)	35 (15.5)	17 (7.5)

Key: *Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), Strongly Disagree (SD)*

DISCUSSION

This study assessed parental health information seeking behavior during childhood illnesses. Majority (99.1%) of the respondents are women indicating the fact that mothers are always in the forefront of seeking health for the family. Concerning their education level, 41.6% of the respondents attained tertiary institution.

Health information sources

The majority (98.8%) sought information from healthcare providers, aligning with findings in Kano State, Nigeria. About 44.9% used the internet, reflecting the shift from static to dynamic online sources, including forums and blogs. Families, mass media, and friends also contributed substantially to information-seeking, corroborating previous studies.

Parental perception on health information seeking behaviour

On parental perception of online information also has direct effect on their care for children during childhood illnesses, notwithstanding the challenges they face in surfing the internet for health information. This explains why many search the internet for health information in the first place as noted that many rely on online information on health issues in both developed and developing countries.[18]

Education as a demographic characteristic influencing parental health information

seeking educational level was strongly associated with health information seeking. More educated parents preferred formal sources such as healthcare providers and the internet, consistent with trends in developed countries.

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Information is an essential commodity for human development, for planning, decision making and reduction of uncertainty. Prior the emergence of social media, parents had various ways of seeking health information such as books, brochures, family, and friends. Studies have shown that information seeking behavior has been in existence since 1960 and it is not only mothers who seek health information but the health workers too, seek information.[10-11] The way people obtain information has changed due to vast development of the internet, health information seeking is now active as it is got from web searches compared to passive information received from health professionals.[4, 12] As far back as 2007, it was established that the internet serves as an essential source of information for health information seekers.[13] Due to Information and Communications Technology (ICT), parents do go to the web for information concerning their children's health care; they want to know more about the symptoms and to know whether medical assistance would be sought or not; thereby helping the parents to make decision related to their children's health.[14-16] Globally, developed countries are much involved in online than offline information health seeking behaviour for better decision in health care.[17] Many people are involved in searching the internet both in developed and developing countries; globally 7.7 billion of people go to the web to obtain information about health, health care and how to get improvement on their health.[18]

Accordingly, there was highest prevalence of online information seeking behavior, it was three fourth of parents.[19-20] However, opinion of others suggested that that 9 out of 10 parents surfed the internet for health information related to their children.[15] It was found out that in the 795 caregivers used in the research, 54% have searched health information on the internet while 15% got information from health care providers.[21] In the study carried out in selected hospitals in Kano metropolis, on how pregnant mothers seek health information, it was found out that 103 respondents from 215 got their information from the clinic, 56 got health information from mass media while 28 respondents sought their information from other sources.[12] In other words, majority got their information from the clinic just few respondents sourced the internet probably due to socio-economic factors such as illiteracy/ low level of literacy, poverty and unemployment. Education plays a major role in online health information seeking, well-educated parents use the internet for their children more than parents with little education.[22]

CONCLUSION

Based on the findings of this study, this researcher concludes that healthcare providers, the internet, family and the mass media are preferred by nursing mothers in Owo metropolis in their search for cure during their children's illnesses. It is also concluded that time and opportunity, lack of understanding, and conflicting sources impair search for information by parents' during childhood illnesses. The study further concludes that parental perception of online information significantly affects childcare during childhood

illnesses. Finally, it is concluded that education demography has a significant influence on health information seeking behaviour of parents regarding care during childhood illnesses in Owo Local Government.

CONFLICT OF INTERESTS

The authors declare no conflict interests.

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