

ABSTRACT

Introduction:

Tuberculosis in children less than 15 years is a major public health threat in Uganda with the use of passive case finding whereby children with symptoms are expected to seek care at health facilities for further investigation. According to Shaikh and Hatcher, (2004) there are a variety of factors that influence health seeking behavior which may include: poor socio-economic status, lack of physical accessibility, cultural beliefs and perceptions and large family size. This has led to many cases of childhood TB going undetected hence low childhood TB. Identifying factors influencing health seeking behavior for children less than 15 years would be paramount in addressing TB transmission, morbidity and mortality in children.

Methods:

The researcher used a cross-sectional study design of 85 respondents and 5 key informants in three sub-counties with four health facilities in Sigulu Islands from September to October 2016. Both quantitative and qualitative data collection techniques were used, a researcher administered questionnaire for quantitative and key informant guide for qualitative data collection for assessing factors influencing health seeking behavior of TB care in children.

Findings:

Age of the child was associated with health seeking behavior ($X^2=0.675$, $p<0.024$) with less than 0.05 level of significance. An association existed between patient-related factors and the health seeking behavior. A high level of significance was observed with factors like; period of cough ($X^2=6.548$, $p<0.007$), visiting the health centre ($X^2=48.413$, $p<0.001$), taking the child elsewhere other than the health centre ($X^2=44.758$, $p<0.001$), causes of TB in children ($X^2=43.422$, $p<0.001$), symptoms of disease in children ($X^2=4.261$, $p<0.030$), hearing of MoH adverts on TB and TB treatment ($X^2=30.549$, $p<0.001$), whilst stigma ($X^2=4.362$, $p<0.040$). The economic factors influencing TB care and the health seeking was also tested using the chi-square at 2-tailed test and the levels of

significance were observed. The number of children less than 15 years in the home showed a very strong association with the health seeking behavior ($X^2=0.510$, $p<0.016$), whilst child sharing a bed with other family members $X^2=0.126$, $p<0.036$). The health service related factors: the child being tested/sent for TB investigations before treatment with ($X^2=0.089$, $p<0.009$).

Conclusions and recommendations:

Factors that influenced health seeking behavior of TB care in children less than 15 years were found to be: knowledge on causes of childhood TB disease, duration of cough, source of information, preference for alternative TB treatment (private practitioners, pharmacies/drug shops and traditional healers) and perceived stigma; the number of children less than 15 years in a household and sharing a bed with elders; and the availability of diagnostic equipment for childhood TB as testing or sending a child for TB investigations and lack of training for health providers in management of TB in children less than 15 years.

Efforts should be made to raise community awareness with more emphasis on the importance of early diagnosis of TB in children at family and community level with strict measures for control and prevention specifically looking at childhood tuberculosis should be intensified. The district should ensure that health providers are trained in childhood TB management in order to increase on the level of suspicion for tuberculosis when symptoms manifest in children less than 15 years. Diagnostic equipments and supplies should be provided for Sigulu Islands especially the GeneXpert and or X-ray machine and supplies like drugs for children.