UNIVERSITY OF HEALTH AND ALLIED SCIENCES

JUNIOR CLERKSHIP IN COMMUNITY MEDICINE

HEALTH SEEKING BEHAVIOUR OF CAREGIVERS OF CHILDREN UNDER-FIVE (5) IN THE HO-WEST AND ADAKLU DISTRICTS, VOLTA REGION.

QUESTIONNAIRE FOR CAREGIVERS

Code Number: _____ Respondent Initials: _____ Date: ___/___/___

SECTION A – SOCIODEMOGRAPHIC CHARACTERISTICS

SN	QUESTIONS	OPTIONS					
1	**How old are you? (in years)**	…….....					
2.	**Sex**	Male ☐			Female ☐		
3	**Marital status**	Single ☐	Married ☐	Widowed ☐	Divorced ☐	Separated ☐	
4	**Ethnicity**	Ewe ☐	Akan ☐	Guan ☐	Ga-Dangme ☐	Mole-Dagbani ☐	Others …… ……
5	**Religion**	Christian ☐	Muslim ☐	Traditional ☐	Others…….....		
6	**Level of education**	None ☐	Primary / JHS ☐	Vocational ☐	Secondary ☐	Tertiary ☐	
7	**Occupation**	Teacher ☐	Farmer ☐	Driver ☐	Housewife ☐	Artisans ☐	Others…… ……...… …….....
8	**Current Employment status**	Employed ☐			Unemployed ☐		

Code Number: _____ Respondent Initials: _____ Date: ___/___/___

SN	QUESTIONS	OPTIONS			
9.	**Monthly income level (In GH cedis)**	……..……			
10	**Total household number**	……			
11	**How many insecticide treated nets do you have in this household?**	……			
12	**Did you sleep under a bed net last night?**	Yes ☐		No ☐	
INDEX CHILD (The youngest child being taken care of)					
13	**Relationship of care giver to child**	Mother ☐	Father ☐	Grandparent ☐	Others …… …… ……
14	**Age of the child (in months)**	……....			
15	**Sex of child**	Male ☐		Female ☐	
16	**Birth order of the child**	First born ☐	Second born ☐	Third born ☐	Fourth and above ☐
17	**Did the child sleep under a bed net last night?**	Yes ☐		No ☐	

Code Number: _____ Respondent Initials: _____ Date: ___/___/___

SECTION B - HEALTH SEEKING BEHAVIOUR

SN	QUESTIONS	OPTIONS					
18	**When was the last time your child fell ill?**	……months ……weeks			My child has never fallen ill. ☐		
19	**What made you know the child was ill? *(Tick all that apply)***	Not applicable ☐	Fever ☐	Cough ☐	Vomiting ☐	Excessive crying ☐	Diarrhea (watery stool 3 or more times a day/ more than usual) ☐
		Refusal to feed ☐	Rashes ☐	Convulsion ☐	Weakness ☐	Others ……..... ……..	
20	**What did you do first when you realized your child was ill?**	Home remedies (*Tepid sponge, Paracetamol, ORS*) ☐	CHPS/Health centre/ Hospital/Clinic ☐	Drug store /Chemical Shop ☐			
		Herbal treatment ☐	Prayer camps/Traditionalist/ Mallam ☐	Did nothing ☐	Other……... …… ……		
21	**How long after symptoms appeared, did you seek for formal healthcare (*CHPS/Health centre/ Hospital/ Clinic*)?**	Within 24 hours ☐	After 24 hours ☐	Not Applicable ☐			
22	**Why did you not seek immediate treatment at the health facilities? (*For those who sent child after 24 hours*)** **(Tick all that apply)**	Condition not serious ☐	I did not have money ☐				
		My spouse was not available ☐	Long waiting time in queues at the OPD ☐				
		Long distance to health facility ☐	Bad attitude of medical personnel ☐				
		Bad attitude of medical personnel ☐	Not applicable ☐				
		Others……					

Code Number: _____ Respondent Initials: _____ Date: ___/___/___

SECTION C- GEOGRAPHIC ACCESSIBILITY

SN	QUESTIONS	OPTIONS					
23	Which Health facility (ies) is / are in your community? ***(Please tick all applicable)***	Drugs Store/Chemical shop ☐	CHPS ☐	Health Center ☐	District Hospital ☐	Private clinic ☐	None ☐
24	What is your means of transportation to the health facility?	On Foot ☐	Motorcycle ☐	Tricycle ☐	Car/Vehicle ☐	Canoe ☐	
25	How long does it take you to reach the health facility?	0-30min ☐	31-60mins ☐	60-120mins ☐	Over 2hours ☐		
26	What do you consider before going to a specific health facility? (**Tick all that apply**)	Equipment at the health facility ☐	Good attitude of the staff ☐	Good environment of the health facility ☐	Closeness of the facility ☐	Type of facility ☐	

Code Number: _____ Respondent Initials: _____ Date: ___/___/___

SECTION D - HEALTH FINANCING

SN	QUESTION	OPTIONS		
27	**What type of health insurance do you have?**	NHIS ☐	Private ☐	I do not have health insurance ☐
28	**What is the status of your insurance card now?**	Active ☐	Not active ☐	Not applicable ☐
29	**Any reason why your insurance card is not active?**	Card expired ☐	Not renewed ☐	Fully paid but waiting for card ☐
		Other Specify……..		
30	**What type of health insurance does the child have?**	NHIS ☐	Private ☐	The child does not have health insurance ☐
31	**What is the status of child's insurance card now?**	Active ☐	Not active ☐	Not applicable ☐
32	**Any reasons why child's insurance card is not active?**	Card expired ☐	Not renewed ☐	Other……
33	**How much did you pay at the health facility when your child fell ill?**	I did not pay anything at the health facility ☐	……..……... (GH Cedis)	I did not send my child to the health facility ☐
34	**Who gave you money to take the child to the health facility? (*Tick all that apply*)**	Myself ☐	My spouse ☐	Family Member ☐
		Other …….		
35	**What was the cost of transportation when you sent the child to the health facility? (In cedis)**	I did not pay for transportation ☐		…….. (GH Cedis)

Code Number: _____ Respondent Initials: _____ Date: ___/___/___

SECTION E – KNOWLEDGE ABOUT DANGER SIGNS

36	**What will make you know that a child is sick? (*Tick all that apply)***	Fever ☐	Runny Nose ☐	Cough ☐	Breathing difficulties/Fast breathing ☐	Others..... ....
		Vomiting ☐	Diarrhoea/Blood in stool ☐	Refusal of foods ☐	Weakness/Lethargy ☐	
		Convulsion ☐	Excessive crying ☐			
37	**What would make you know when a child is *severely* ill?**	Vomiting everything ☐	Convulsions ☐	Inability to breastfeed ☐	Lethargy ☐	
38	**Where did you learn of these signs/symptoms ?**	Health Facilities ☐	Traditional Healers ☐	Radio/TV/ Social media ☐	Family and friends ☐	Church ☐	Others…… …… ……...
39	**What should you do when a child is severely ill? (Choose only one option)**	. Send the child to a prayer camp ☐	Send the child to the health facility ☐	Send the child to the traditionalist or mallam ☐	Go to the chemical shop to buy medicines ☐	Give medicines you already have in the house ☐	Others…… …… …… ……

Code Number: _____ Respondent Initials: _____ Date: ___/___/___

SECTION F - RELIGIOUS, CULTURAL BELIEFS & PERCEPTION ABOUT ILLNESS

SN	QUESTION	OPTIONS		
40	**What does your religion say about illnesses?**	Can only be resolved by a deity ☐	It is a punishment/curse from deities ☐	
		It will resolve on its own ☐	It is a Spiritual phenomenon ☐	
		Others …….. ……	Not applicable ☐	
41	**Name any illnesses that your faith says not to send your child to a health care facility.**	**……**		
		Not applicable ☐		
42	**Where should such children be treated?** (***Refer to 41***)	Herbal ☐	Home ☐	Mallam/ Traditional healer ☐
		Church (Prayer camp) ☐	Other…….....	
43	**Name any foods that your beliefs or your culture prevent a child from eating?**	……..		
		Not Applicable ☐		
44	**Who decides when care should be sought from the health facility for the child?**	Myself ☐	Spouse ☐	Grandparent ☐
		Other, specify..……. ……..……..…….…….... ……		
45	**When your child falls sick what do you believe is the cause?** ***(Select as many as apply)***	Low immunity of the child ☐	Poor nutrition ☐	Drinking dirty water ☐
		Germs or Organisms ☐	The child's birth order ☐	Sex of the child ☐
		Spirits or demons ☐	Curse upon the child ☐	Curse upon parents ☐
		Other, specify…….....		