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A STUDY ON THE FACTORS AFFECTING THE PREVENTION & MANAGEMENT - SEEKING BEHAVIOUR OF CHILDHOOD DISEASE IN NIGERIA

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Abstract
Childhood diseases remain a major public health concern globally, with Nigeria accounting for a significant proportion of under-five morbidity and mortality. Illnesses such as malaria, pneumonia, and measles continue to pose severe threats to a child survival, largely due to preventable causes. This study examines the factors influencing prevention and management-seeking behaviour related to childhood diseases in Nigeria. The study investigates how societal expectations and behavioural reactions influence carers' actions when children become ill, guided by Parsons' Sick Role Theory. The study only uses secondary data obtained from national survey reports, peer-reviewed journal articles, and publications from international health organisations. A content analysis approach was employed, and findings were presented thematically in alignment with the study's objectives. The study revealed that childhood diseases contributed to a range of adverse effects, including neurological complications, skin infections, hearing impairments, carer stress, disruption of social roles-particularly among mothers-and high mortality among children under the age of five. Preventive and management strategies identified include the use of insecticide-treated nets (ITNs), measles-containing vaccine (MCV), pneumococcal conjugate vaccine (PCV), exclusive breastfeeding, anti-malaria medication, amoxicillin, and oral rehydration solution (ORS). Sociocultural norms, limited health-seeking behaviour among carers, low household income, and poor access to healthcare services all impede the uptake and efficacy of these interventions. The study concludes that a more robust, easily accessible, and culturally aware healthcare system is necessary to improve child health outcomes in Nigeria. It suggests targeted policy interventions that improve carers' ability to seek timely and appropriate medical care, ongoing public health education, community engagement to address cultural barriers, and free and sufficient provision of preventive and treatment services for children under five.

Keywords: Under-five Children, Childhood Disease, Prevention, Management, Seeking Behavior.

Introduction

Childhood diseases prevention and management remain a health challenge worldwide, particularly in developing countries like Nigeria. To improve child health and stop the rising rate of morbidity and mortality among children under five, strategies have been implemented. The diseases affect not only the victim of the disease but also the family and community at large. Nonetheless, compared to 1990, when 1 in 27 children died, in 2023, compared to 1 in 11 children in 1990, there has been a notable decrease in child mortality over the last few decades, and children now have better chances of surviving (UNICEF, 2025). This under-five mortality has been seen as the probability that a newborn child would die before reaching the fifth birthday. Roughly in 2023 alone, 13,100 under-five occurred every day, which was an intolerable number of largely preventable deaths. The most common cause of death for children under five is infectious diseases, such as pneumonia, diarrhoea, and malaria (David et al. 2025; UNICEF, 2025). The issue of child health is multifaceted, especially in developing countries, experiencing an alarming increase in under-five children morbidity and mortality. The survival of children varies across countries, with developing nations bearing a huge burden, diseases causing fatalities as a result of malnutrition, respiratory infections, diarrhoeal disease, measles, malaria, and neonatal complications (Dhage & Nagtode, 2024)

As a result, the negative impacts of these disorders in children encourage the implementation of suitable preventative measures, since the diseases are preventable in nature. The international organisations, development partners, and ministries/agencies have made significant investments in human and material resources for disease prevention, including mobilization, sensitization campaigns, environmental sanitation (ES), the distribution of insecticide-treated nets (ITNs) to under-five children, and various immunization/oral vaccines aimed at controlling malaria transmission, measles, pneumonia, and diarrhoeal diseases. According to research done in Burundi, the Democratic Republic of the Congo, and Nigeria, the majority of hospitals visited were for fever, cough, and diarrhoea. Children in the hospital were treated with antimalarial medicines, antibiotics, and ORS (Clarke-Deelder *et al*. 2025). Despite a series of interventions to avert and manage the scourges, many families' knowledge of the effects of these diseases in children and preventive interventions remains sketchy, and indeed factors such as socio-cultural beliefs, access to healthcare services for children, family income, and distance to healthcare facilities undermining health-seeking behaviour for the prevention and management of childhood diseases in Nigeria is still not well established which this study designed to fill in the gap. This research investigates the factors that influence the prevention and management of childhood illnesses in Nigeria.

Literature Review on Childhood Diseases and their Effects on Children

Previous research revealed the occurrence of a variety of childhood disorders, which might be acute or chronic in character. Malaria, measles, pneumonia, diarrhoeal illness, and meningitis are some of the diseases associated with children. The Sustainable Development Goals 3.2 aim to reduce avoidable deaths of newborns and children from childhood illnesses to at least 12 per 1,000 live births of neonatal deaths and as low as 25 per 1,000 live births of under-five children by 2030 (NBS and UNICEF, 2018). This suggests that Nigeria may struggle to fulfil the aim of SDG 3.2 by 2030. Measles is an acute childhood infectious disease caused

by a virus that is transmitted from person to person through social interaction with other humans, as the agent of measles transmission, and/or the disease is spread through coughing, sneezing, hand shaking, or body contact with an infected person. The 2019 was a sad milestone for measles, with 850,000 cases recorded worldwide, the largest number since 1996. The outbreak affected all areas, resulting in measles fatalities (WHO and UNICEF, 2020). Research done at Ahmadu Bello University Medical Centre, Zaria, Samaru Campus, indicated that measles and malaria were found in blood samples obtained from 26 of the 50 children who attended for illness care. The study found measles among children at 80%, and malaria at 40%. The signs and symptoms, such as fever, reddening of eyes, cough, headache, and body weakness, were significantly associated with measles infection, and the use of ITN was discovered in children, which might be the reason for the low malaria infection among children, compared to measles accounted for 80% of them. Also, fever, headache, and vomiting were found to be associated with malaria (Aminu *et al*, 2021).

Similarly, Okanko *et al*. (2019) observed poor immunisation coverage in Nigeria, where measles outbreaks continue to occur and kill more children than any other preventable disease. In addition to malaria and measles, additional childhood ailments include pneumonia and diarrhoea. Childhood sickness is unavoidable in Nigeria, with one kind of disease affecting every section of the nation and producing medical repercussions on children's well-being, such as skin rashes, stiff neck, and deafness. Socio-psychologically, sickness in children under the age of five interferes with mothers' ability to fulfil their anticipated social duties as mothers and consumes family economic resources throughout the management process. According to a study, children's illnesses affected family life, changing family roles and increasing psychological stress (Ekim & Kuru, 2025). The illnesses also cause children to miss school, stunted growth owing to starvation, and cognitive impairment as a consequence of cerebral malaria, retardation, and other complications. As a result, more efforts must be made to combat the scourge, particularly the widespread distribution of the recommended preventive tool to all populations, regardless of age, vaccine coverage, and sensitisation campaigns, because such diseases, above all, kill many children. All childhood diseases are preventable and managed using different strategies as could be seen below.

Childhood Disease Prevention and Management

Childhood disease prevention includes breast feeding, nutrition, vaccines such as Pneumococcal Conjugate Vaccine (PCV), Diptheria Pertussis and Tetanus (DTP), Measles Containing Vaccines (MCV1&2), good hygiene, safe drinking water, sanitation, avoidance/reduction of air pollution, ITNs, indoor residual spraying, avoidance of open defecation, hand washing with soap, antibiotics, oral rehydration salt (ORS), ACT, zinc, and amoxicillin are among the strategies of childhood diseases prevention and management. Furthermore, malaria and measles are common causes of fever and severe killers in youngsters. A feverish youngster might be suffering from malaria, measles, or another serious illness. Malaria is classified as a contributor to world poverty. LLINs are recommended as the primary vector control strategy to protect all populations at risk of malaria; nonetheless, access to and usage of long-lasting insecticide nets (LLINs) remain one of the obstacles of defense against malaria (UNICEF 2019).

In a cross-sectional survey of 630 women in Igabi and Giwa LGAs, Kaduna state, it was discovered that women slept under LLITNs the night before the survey, and many of them admitted that the nets were given free by the government, and confirmed that the

nets could be used to prevent mosquito bites, and many of respondents used the nets, and other women did not due to a lack of funds to purchase one, or a lack of a voucher to collect free LLITNs, and a perception of heat and discomfort (Babalola *et al*. 2019; Dambo 2018). According to NBS and UNICEF (2018), a child is fully vaccinated if he or she has received BCG vaccine, at least three doses of polio vaccine, three doses of pentavalent vaccine (diphtheria, pertussis, tetanus, Hemophilus influenza type B, and hepatitis B), one measles-containing vaccine (MCV), inactivated polio vaccine (IPV), and yellow fever vaccine. A vaccination is a biological substance that might be used to safely produce an immune response that protects against infection and/or illness upon further exposure to pathogens (Pollard and Bijker, 2021).

According to the OECD and EU (2018), diseases such as measles, diphtheria, pertussis, and influenza are highly contagious and spread through human contact, whereas the hepatitis B virus is transferred by contact with an infected person's blood or bodily fluid via intercourse or mother to child. The injectable measles-containing vaccine (MCV) was one of six immunizations recommended for children aged 9 or 12-15 months. A mass vaccination campaign against measles was conducted, with the goal of reaching all children in a given group who had missed the usual immunisation (Orenstein *et al*. 2020). Measles vaccination is one of the best deals in public health since it prevented an estimated 23.2 million deaths between 2000 and 2018; 83 countries have been declared measles-free. It is thought that more than 18 million people who were disabled without obtaining the polio vaccine are presently walking. The COVID-19 ban affected vaccine uptake and prevented almost 94 million children from receiving a measles vaccination (WHO and UNICEF 2020). Even as MCV1 coverage rose between 2010 and 2019, regular MCV1 has stalled in numerous nations, most notably Nigeria and the Central African Republic. MCV1 coverage was lower in rural than in urban locations, although a large population of unvaccinated children often lived in urban locations, with 47.9% (Mosser, 2020). Measles vaccines are provided in hospitals, but it's unclear if the majority of youngsters have an MCV card, and the coverage is exceedingly low, which boosts the nation's transmission rate.

According to FMoH (2019), the strategic priorities for pneumonia control take a comprehensive approach, focusing on interventions that have the greatest potential to lower morbidity and mortality in Nigeria, such as vaccination, oral antibiotics, lowering household air pollution, and better nutrition. More so, Pneumonia might be transferred by airborne droplets from coughing or sneezing and contact with contaminated discharge from the nose or throat. On the other hand, diarrhoeal infections can spread from person to person as a result of poor personal hygiene or through contaminated food or drink. Nausea and vomiting, headache, fever, appetite loss, chronic diarrhoea, and stomach discomfort are the most typical symptoms in youngsters. People of all ages are therefore susceptible to both pneumonia and diarrhoea, but those with weakened immune systems - such as undernourished and HIV-positive children-are particularly vulnerable. Other risk factors include lack of exclusive breastfeeding, insufficient immunisation against measles, pneumonia, etc., poor waste disposal, and environmental factors such as indoor air pollution, overcrowded housing, and smoking, all place children at a higher risk of acquiring pneumonia. Even though childhood illnesses are treatable and preventable, they nonetheless spread among children. Families range in how they seek medical assistance for childhood illnesses, with some paying greater attention as soon as symptoms appear and others delaying for various reasons. As a result, some families adhere to and use the suggested methods for either managing the condition once it has been contracted or

preventing its contraction in accordance with the biomedical approach. However, other families because for one reason or another use other preventive and treatment approaches, such as the use of alternative and or traditional medicine, which Akter (2025) called ethno-medicine, where parents use herbs or spiritual means to treat disease as a result of either the belief system or low costs in the management process, especially children in rural areas. The study employed qualitative design research using secondary data which is explained in the subsequent heading.

Materials and Methods

Methodology: To achieve the study's objectives, a qualitative descriptive and explanatory design was used with secondary data to review the existing literature in order to gain more insight into the effects of childhood diseases and factors impeding their prevention and management among Nigerian households. This technique is advantageous because it allows for the investigation of many aspects, as shown by diverse results, causes, cultural and environmental influences, and policy frameworks that account for the consequences of these disorders in children, as well as factors that impede their prevention and management. Data were gathered from peer-reviewed journals, policy documents from the World Health Organisation (WHO), UNICEF, Federal Ministry of Health, Federal and State Primary Health Care Agencies, and research briefs and reports from government and development partners such as the National Demography and Health Survey (NDHS), National Bureau of Statistics (NBS) and Save the Children. The search technique involved carefully identifying and considering relevant literature on the subject. Furthermore, the data obtained were presented thematically in accordance with the study goals and analysed using content analysis. The research employed theoretical suggestions to explain the problem at hand

Sick Role Theory

Sick Role Theory, a functionalist theoretical framework focusing on macrosocial structure championed by Talcott Parsons in 1951, seeks to explain health-seeking behaviour. Parsons considered disease (Cockerham 1978) as an unfavourable state for both the sick individual and society; it interrupts biological and social functioning, including mortality, and causes financial hardship for the family. In an effort to explain roles, performance, and expectations in trying to get well by a sick person, he outlined four (4) principles (Cockerham 1978; Amzat and Razum 2014), comprising both the rights and duties of a sick person, which include:

i. Sick people are excluded from regular social obligations based on the type and severity of their disease, as determined by a physician. The primary purpose of the medical justification is to give social control over malingering.
ii. A sick individual is not responsible for their situation and needs medical support to recover, which relies on social capital and healthcare institutions.
iii. Accept that being unwell is a social disorder. As a result, he or she must seek medical attention to recover from the disease.
iv. Sick individuals must seek medical assistance from a qualified professional and follow management protocols.

Thus, based on the foregoing, the theory is appropriate for explaining childhood diseases prevention and management since the illnesses are undesired and disruptive to the home and social system. Children are frequently victims of disease due to their weakened immune systems, which influences mothers' exemption from normal social responsibilities when a

child is sick (both formal and informal roles), such as office work and other domestic chores, to provide nursing care to the sick child. Children's illnesses have an impact not only on official employment and other domestic activities, but also on the household's finances since they consume resources throughout the management process.

The official or social exemption is granted as an excuse prevent malingering in the pretext of caring for a sick child. The disease is a disruption, and the sick child is not to blame for his state because illness can arise naturally as a result of infection, virus, simple interaction, or a child being exposed to a dirty environment. As a result, he or she should not be criticised; instead, parents should endeavour to get him out of this predicament. As a result, parents must realise that being unwell is detrimental to the home, and they have a responsibility to seek medical attention. Medical aid is sought by families in varying degrees, with some delaying therapy and others requesting it at the commencement of contraction. Many variables influence prompt versus delayed seeking, including accessibility, price, personal choice, and belief systems, among others. Furthermore, seeking technically competent medical practitioners to get him/her well is another obligation, as is providing the medical practitioner with complete cooperation in the management procedures, such as subjecting the child to oral vaccines, injectable immunisation, sleeping under ITN, physical examination, taking vital signs, purchasing the recommended drugs, administering the drugs as needed, adhering to the date of follow-up, and so on, to ensure the child's recovery. People considered disease as a kind of deviance, and medicine was employed to manage deviance and preserve social order (Cockerham 1978). The theory is subject to a criticism that, it does not consider the patient's right to refuse certain treatments on personal or religious grounds (Amzat and Razum 2014), and cultural beliefs serve as a basis for rejecting certain treatments because culture, more often than not, informs treatment selection. Similarly, variables impacting health-seeking behaviour for childhood illnesses are studied and discussed under the succeeding section, as may be seen below.

Results

Socio-cultural Beliefs: Naturally, people's cultural views influence how they see the illness and its causes, which in turn influences how best to avoid and treat it. In all cultures (Amzat and Razum, 2014), there are cultural classifications of disease aetiology or lay knowledge of sickness, which is mainly based on the traditions and belief systems. That is why many civilizations, notably in Africa in general and Nigeria in particular, ascribe sickness to either mystical or supernatural causation. Erinosho (1998:18 19) asserts that the practice of witchcraft or sorcery is likewise associated with an increased risk of illness. The ailment may be caused by witches who inflict injury on any area of the body, and the sorcerer reached patients by touching sufferers' personal possessions, such as fabric. In other situations, they created poisons that are used to injure the imagined adversaries physically. Therefore, in certain cultures, elderly individuals are mystically buried in their property with the notion that their spirits are close to protect family members from bad luck, including illness.

This view has an impact on Nigerians' usage of contemporary healthcare services for managing and preventing childhood illnesses. Eventually, many moms do not think that their child is convulsing or coughing because of malaria or pneumonia, but rather that it is the work of foes. African people have traditionally used traditional and spiritual remedies as a means of achieving health. According to Owuni *et al*. (2018), traditional medicine (TM) medication for the therapy of human sickness remains an essential choice in the health care system, and its utilization among people continues beyond the African continent, but also

the whole world. The shift in the attitude in TM has expanded the use of natural goods in the treatment of various diseases; it consequently played a vital part in increasing access to care in Nigeria. Social views, customs, and community knowledge are the primary causes of the disparity in treatment. In many rural communities, ethno-medicine frequently influences babies' treatment choices and behaviours while seeking medical attention. Due to its accessibility, affordability, cultural fit, and community trust, ethno-medicine continues to be the favoured option for families with babies (Akter, 2025). Therefore, parents' perceptions of the aetiological elements and cultural practices in Nigeria determine how households comprehend childhood sickness, its causes, and various medications for its care. Limited access to healthcare services is another factor undermining childhood disease prevention and management.

Limited Access to Healthcare Facilities and Services

The ability of a mother of a child under five to receive medical treatment to address childhood illnesses is known as access. It was believed that communities varied in urbanisation, demographic, environmental, economic, and social aspects, which correspond with the volume and types of health issues communities confront. For example, larger metropolitan nations tend to have more healthcare providers per capita; however, rural areas frequently live farther away from healthcare facilities to address ailments (NAS, 2018).

Most hospitals in Nigeria are not properly distributed, and hospitals in some locations are only buildings (structures) with little or no man-power and other essential equipment for the provision of health services delivery to people, especially children, who are the most vulnerable population. Because the government was unable to provide a functional pharmacy with a steady supply of medicines to be sold to patients by government-employed pharmacy staff as revolving funds. The healthcare workers in primary health centres, dispensaries, and clinics may be more concerned on ways to increase profits from the retailed medicines sold to the local populace. A health practitioner, particularly in rural areas, might prescribe overdose treatment to clients indiscriminately without considering the anticipated consequences or reactions of the drug given to them, thereby leading to complications because he/she is motivated by the anticipated profit he/she is going to make out of it.

The high prevalence of children's diseases in underdeveloped nations, particularly Nigeria, may be caused by inadequate access, a lack of information, and poor care-seeking behaviour for life-saving therapies (oral vaccines, immunisation, ITN, etc.). It has been revealed in Nigeria that substantial utilization of patent pharmaceutical vendors occurs in the therapy of paediatric illnesses. These professionals advocated exclusive breastfeeding, proper cleanliness, immunisation, and ITN usage. They also provided health services that included diagnosing and treating sick children, including referrals for severe cases. Artemisinin Combination-based Therapy (ACT), Amoxicillin, and Oral Rehydration Salt (ORS) were provided as the therapy for malaria, pneumonia, and diarrhoeal illnesses accordingly. Due to their consistent service and extended operating hours, patent medication merchants were used (Margaret et al. 2022). The high patronization of the patent medicine vendors may not be unconnected with the dearth of knowledge about the hospital services, especially among people in rural areas, the trust people have in them, the installment payment for the service received, and/or services are given on credit or open option to buy complete or half treatment (drugs) is prioritised. In a similar vein, many parents choose not to treat their children when they are ill because they cannot access the services. This is because most of the healthcare centers do not have enough prevention and management

capabilities, especially when the condition comes with complications resulting in the death of a child.

Most families, especially in rural regions where restricted access to healthcare facilities is very obvious, and preventative measures for post-natal difficulties for the mother and newborn infant are not offered to them after delivery. This could be the reason why children in Nigeria are reported to the hospital with symptoms of childhood illnesses, such as pneumonia, malaria e.t.c. This perhaps happens due to the contaminated environment, and high body temperature indicating the presence of fever, especially in the country's northern region due to inadequate healthcare facilities, hospital services, and healthcare professionals, which frequently encourage many to seek alternative medical care in the event of a child disease episode. The National Bureau of Statistics indicated that 79.4% of mothers in the north west and 64.9% in the north east delivered at home, as compared to 8.2% in the south east and 18% in the south west, respectively. In a similar vein, 33.7% of children in public healthcare institutions in the northwest sought fever treatment, compared to 13.6% in the south-south area. Less than 3000 children in the south-south/east had fever, and 8.59% had a fever episode (NBS 2022). This shows significant differences in the country's geographical zones with regard to hospital service use, illness manifestation, and access to hospital services. However, hospital treatment prices and transportation expenditures may prohibit mothers from utilising the hospital, considering their financial status.

Low-Income to Settle Treatment Expenses

Economic condition in Nigeria potentially impacts preventive and management-seeking behaviour, especially if a child acquires one of the childhood ailments. A household's income allows its members to take advantage of many pleasures, such as medical treatment. In some patriarchal communities, parents-especially the father—are responsible for obtaining medical attention, notably for the treatment of feverish illnesses. When children are ill, they are frequently sent to the hospital for treatment. The parents' financial situation influences the type of care they receive. Compared to children whose parents are struggling to make ends meet, children whose parents are buoyant use the priciest medical facilities, which provide high-quality medical care. However, some children are more prone to sickness than others, because malaria, measles, pneumonia, diarrhoea, and the like may affect children of low-income earners than children of good social and economic status. Research conducted in the University of Benin teaching hospital, Edo State, utilising mixed methods and ill role model as a theoretical guide, found that most respondents, 82.3% earned less than N60,000.00 monthly, and 95.2% of the respondents were fairly happy with the services obtained. However, this restricted resource often influences the possibilities of healthcare utilization, especially at the higher level of treatment by many households (Omorogbe, 2018). Poor access to health care, especially in rural regions which causes children in rural areas to wait or receive insufficient care, and a shortage of healthcare professionals impacts the level of care, which elevates the risk of morbidity and death (David *et al*. 2025). However, adequate healthcare services with well-trained medical professionals are often available in private healthcare, which is difficult for low-income families to patronize. This makes them more vulnerable and afflicted so adversely by the ailments due to their financial incapacity to cover the treatment fees.

The poverty level most frequently appears to be more acute in the countryside, because they rely on agricultural output, with the low usage of mechanized farming and lack of industrial activity. This makes them reliant on public healthcare facilities, as many cannot afford private healthcare facilities, where enough services and staff are available. According

to research, just 8.3% of Nigerians in rural regions utilised private hospitals, compared to 30.2% in metropolitan areas (NBS, 2022). This underlines the need for increased political commitment to bridge the gaps, and for the development of the overall mother and child health across the country, irrespective of the geographical locations. Therefore, the low income at the parents' disposal invariably influences them not to utilise modern healthcare services for disease prevention and management because emphasis is also placed on the households' needs, such as food, and the use of alternative medicine in the management process, such as over-the-counter drugs, traditional medicine, among others.

Conclusion and Recommendations

Like children in other African nations, Nigerian children suffer from many diseases. The disease's effects include stiff necks, skin rashes, social roles for mothers, and, most importantly, the loss of children before they turn five, which has an impact on society's socioeconomic growth. The morbidity and death of children under five have decreased as a result of the employment of preventive and management techniques to stop the disease's spread. Factors such as socio-cultural views, restricted access to healthcare facilities and services, and poor income of the parents impact childhood illness prevention and management in Nigeria. The study recommends that:

i. To dispel some mothers' misconceptions about depending on traditional, spiritual medicine based on their beliefs, which frequently causes them to put off getting the proper care in contemporary medical facilities, an educational campaign should be launched.
ii. Parents should be sensitized in public locations such as markets, hospitals, places of worship, and indeed through print and electronic media on the need to take children to the hospital for proper investigation to discover the true source of the ailment.
iii. To stop the high rate of morbidity and death among children under five in the nation owing to childhood illnesses, the government and relevant organisations must immediately make hospital services inexpensive and accessible to children.
iv. Children under five should get free (free services) medications for the prevention and treatment of childhood diseases so that the issue of lack of money to take a sick child to hospital would no longer remain an issue in peadiatric illness management in the country.

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