AfroGlobal Perspectives
Vol. 3 No. 6 (2026): June 2026
https://doi.org/10.70572/agp.v3i6.117
Original Article

Socio-Economic and facility-based determinants of health-seeking behaviours for child health services among mothers getting health care at Katabi Military Hospital, Wakiso District. A cross-sectional study.

Sharon Akello*, Jaliah Namutebi, Immaculate Prosperia Naggulu, Jane Frank Nalubega, Hasifa Nansereko, Francisco Ssemuwemba
Mildmay School of Nursing and Midwifery.

ABSTRACT

Background

The study aimed to determine the Socio-Economic and facility-based 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 from 45 respondents showed that 44.4% were self-employed, 22.2% operated businesses, 20.0% were formally employed, and 13.4% had no job. The majority were single (51.1%), while 35.5% were married. Socioeconomic findings showed 48.9% agreed and 26.6% strongly agreed that formally employed mothers seek timely care. Most respondents disagreed that traditional medicine (55.6%) and supernatural issues (75.6%) cause childhood diseases. Gender did not influence care decisions for 71.1%. The cost of services affected care-seeking for 71.1%. Facility results showed 28.9% reported poor quality care. Long waiting time (51.1%), stock-outs (26.7%), and slow service (22.2%) were common. Distance affected timely care for 77.8% respondents.

Conclusion

Significant socioeconomic and health facility-related barriers to timely child health-care seeking.

Recommendation

The government and development partners, including NGOs, should establish more health facilities and adequately equip them with essential child health supplies to improve service accessibility.

Keywords: Socio-Economic determinants, traditional medicine, health seeking behaviours, long waiting time, poor infrastructure, Katabi Military Hospital.

Submitted: April 20, 2026 Accepted: May 30, 2026 Published: June 30, 2026

Corresponding author: *Sharon Akello.*
Mildmay School of Nursing and Midwifery.

BACKGROUND OF THE STUDY

Socioeconomic and structural barriers remain major determinants of health-seeking behaviour for childhood illnesses in sub-Saharan Africa. Household income, occupation, and overall wealth strongly influence a family's ability to access healthcare services. Families with higher socioeconomic status are more likely to afford transportation and medical costs, thereby increasing utilization of health facilities (Amoo & Adeleke, 2018).

In East Africa, studies from Tanzania, Ethiopia, and Kenya indicate that healthcare-seeking for childhood illnesses such as acute respiratory infections remains relatively low. Limited access to health facilities, poor infrastructure, and inadequate dissemination of health information through mass media continue to hinder timely care-seeking (Ayalew et al., 2020; Nyamu et al., 2019).

In Uganda, where preventable child mortality remains high, socioeconomic and facility-based constraints significantly

https://doi.org/10.70572/agp.v3i6.117
Original Article

affect mothers' health-seeking behaviour. Despite policy interventions such as the reduction of user fees in public health facilities, barriers, including long distances to health facilities, high transportation costs, and limited availability of services, persist (Uganda Ministry of Health, 2022). Additionally, household decision-making dynamics, particularly the control of financial resources and transport by male partners, strongly influence whether and when care is sought for sick children (Kiracho et al., 2022).

The study aimed to determine the socio-economic and facility-based 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 service 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).

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

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 18years 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

Socioeconomic factors are the variables that influence the overall economy, as well as individuals and businesses.

Facility-based refers to characteristics of the healthcare facility itself that influence a person's decision to seek care there.

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 responses were entered 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%

AfroGlobal Perspectives
Vol. 3 No. 6 (2026): June 2026
https://doi.org/10.70572/agp.v3i6.117
Original Article

were single, while 35.5% were married, and the least percentage 06.7% were widows same as those who had separated.

The Social Economic determinants of health-seeking behaviours for child health services among mothers.

Table 2 shows socioeconomic determinants of health-seeking behaviors for child health services among mothers, N=45.

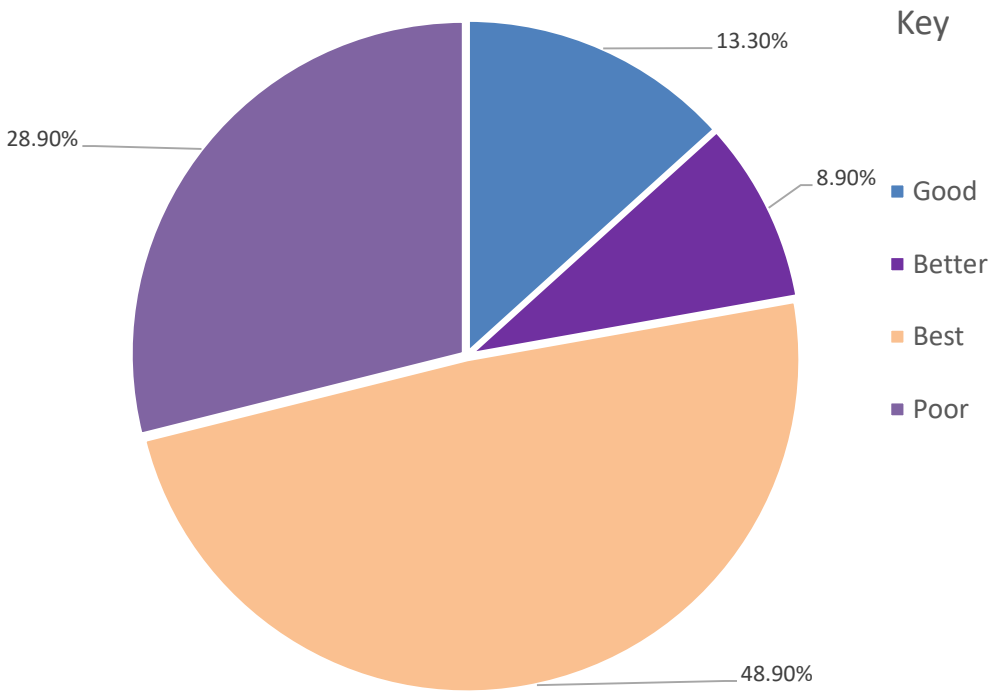
Inquiries	Responses	Frequency	Percentage (%)
Mothers working in formal, salaried jobs are more likely to seek timely care for their children compared to those in informal or casual labour	Agree, Strongly agree Disagree Strongly disagree	22 12 08 03	**48.9** **26.6** **17.8** **06.7**
Traditional medicine or home remedies are more effective for a sick child than first taking him/her to the health facility	Agree, Strongly agree Disagree Strongly disagree	08 12 17 08	**17.8** **26.6** **37.8** **17.8**
Most of the childhood diseases are due to supernatural issues and or witchcraft	Agree, Strongly agree Disagree Strongly disagree	05 06 25 09	**11.1** **13.3** **55.6** **20.0**
does decision to seek and pay for child healthcare services depend on their gender	Agree, Strongly agree Disagree Strongly disagree	09 04 17 15	**20.0** **8.9** **37.8** **33.3**
Does the cost of child health services or treatment make mothers avoid seeking care for their children	Agree, Strongly agree Disagree Strongly disagree	24 08 06 07	**53.3** **17.8** **13.3** **15.6**

Table 2, 48.9% and 26.6% of the respondents agreed and strongly agreed respectively, while only 06.7% strongly disagreed about mothers working in formal, salaried jobs being more likely to seek timely care for their children compared to those in informal or casual labour. About traditional medicine or home remedies being more effective for a sick child than first taking him/her to the health facility, 17.8% and 26.6% agreed and strongly agreed respectively, while 37.8% & 17.8% respectively disagreed and strongly disagreed about it. Regarding Most of the childhood diseases being due to supernatural issues and or witchcraft, above average 55.6% disagreed, as 11.1% and 13.3% agreed and strongly agreed respectively. On whether the decision to seek and pay for a child's healthcare service depends on their gender, 37.8 % and 33.3% disagree and strongly disagreed, respectively, as 20.0% and 8.9% agreed and strongly agreed, respectively. Finally, on whether the cost of child health services or treatment makes mothers avoid seeking care for their children, most of the respondents 53.3% agreed, with 17.8 strongly agreeing, while 13.3% and 15.6% disagreed and strongly disagreed, respectively.

AfroGlobal Perspectives
Vol. 3 No. 6 (2026): June 2026
https://doi.org/10.70572/agp.v3i6.117
Original Article

The facility-based determinants of health-seeking behaviours for child health services among mothers.

Figure 1: shows the quality of child Healthcare provided at the respondents' nearest health facility, which they normally attend, N=45



Almost averages 48.9% of the respondents suggested receiving the best quality child health care services, with 13.3% and 8.9% suggesting good and better quality, respectively, while 28.9% suggested getting poor quality child health care services from their nearest health facility.

About paying for healthcare services at the public facilities, respondents take their children to be favoured to get care over other mothers. Most of them, 37 (82.2%), suggested not paying at all, as 02 (4.4%) of the respondents suggested that it depends on the facility.

Table 3 shows the negative experiences respondents ever faced at a health facility, *N=45.*

Responses	**Frequency**	**Percentage (%)**
Long waiting time	23	51.1
Stockouts of medical supplies	12	26.7

Slowness of service delivery by providers	10	22.2

Table 3, 51.1% of the respondents revealed having ever waited for a longer time, as 26.7% suggested medical supplies stockouts, while slowness of service delivery by providers was suggested by 22.2% as the negative experiences they ever faced at the facility.

When asked about whether distance to your nearest health care facility affected respondents' seeking the children's health care services on time, the majority of them, 77.8%, suggested "yes" while only 22.2% opted for no effect.

DISCUSSION

From Table 2, 48.9% and 26.6% of the respondents agreed and strongly agreed, respectively, that mothers working in formal, salaried jobs were more likely to seek timely care for their children compared to those in informal or casual labour. This is consistent with findings in Brazil and Nigeria, where employed mothers were more likely to seek treatment for childhood illnesses due to better financial resources and exposure to health information (Victora et al., 2015; Abegaz et al., 2019). Despite this, only 20.0% of respondents were formally employed, and informally employed mothers in this study exhibited better child health-seeking behaviour (80%) than their formally employed counterparts, possibly due to having more time available for childcare.

Regarding traditional medicine or home remedies being more effective than seeking care at a health facility, most respondents (37.8% and 17.8% respectively) disagreed and strongly disagreed. This contrasts with findings from South Africa, where home remedies were commonly the first action taken by caretakers (Owoyemi & Ladi-Akinyemi, 2017). In the current study, respondents viewed professional medical services as the trusted source of care for their children.

Facility-based determinants also influenced health-seeking behaviour. Approximately 48.9% of respondents suggested receiving the best quality child health care services, while 13.3% and 8.9% rated services as good or better, respectively. This may be due to the facility being well-staffed, organized, well-located, and equitable. These findings align with the study in Indonesia, which showed that quality services, cleanliness, well-equipped facilities, and competent, compassionate staff attract mothers to seek and return for child care (Susanto et al., 2024). Conversely, 28.9% reported poor quality care from nearby facilities, likely due to inadequate infrastructure, limited medical supplies, and a shortage of trained providers. Negative experiences such as long waiting times (51.1%), stock-outs of medical supplies (26.7%), and slow service delivery (22.2%) were similar to challenges reported in Nigeria and Uganda, where these barriers discouraged mothers from seeking government health services (Abegaz et al., 2019; Kabali et al., 2015).

Distance to health facilities also affected timely care-seeking. The majority of respondents (77.8%) reported that distance was a barrier due to transport costs. This is consistent with findings in Ghana, where distance and high transportation costs were primary challenges to accessing child health services (Aniah et al., 2024). Even when services were free, transportation expenses remained prohibitive, underscoring the need for community-based healthcare models that bring services closer to the population.

CONCLUSION

The study further identified significant socioeconomic and health facility-related barriers to timely child health-care seeking. Nearly one-third of respondents reported receiving poor-quality child health-care services at their nearest health facility, which was attributed to poor infrastructure, limited medical supplies, and shortages of trained health personnel. Distance to health facilities also emerged as a major challenge, with most mothers reporting that distance affected their ability to seek care promptly. High transportation costs from their residences to health facilities further delayed access to essential child health services.

RECOMMENDATION

The government and development partners, including NGOs, should establish more health facilities and adequately equip them with essential child health supplies to improve service accessibility.

The government should ensure timely, equitable, and facility-specific distribution of medical supplies to address shortages and improve the quality of care.

Infrastructure development and recruitment of adequately trained health workers should be prioritized to improve the quality of child health-care services.

Strategies to reduce transportation barriers, such as bringing services closer to communities or improving referral systems, should be implemented to enhance timely access to care.

ACKNOWLEDGEMENT

My great thanks go to the almighty God who enabled me to complete my research report.

I greatly extend my sincere gratitude to Ms. Namutebi Jalia, who dedicated her time to supervise my research despite her busy schedule.

Sincere thanks go to my family and friends for the support rendered to me during the course of doing my research and in the entire period of my studies.
Sincere thanks go to all my dear respondents for their dedicated support, which they rendered to me during the period of data collection, and for granting me permission to carry out the study in the area.
Lastly, my sincere thanks go to the entire family of Mildmay School of Nursing and Midwifery for providing such a calm environment for me to carry out this research.

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

SOURCE OF FUNDING

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.

AUTHOR BIOGRAPHY

Sharon Akello, a student pursuing a diploma in nursing at Mildmay School of Nursing and Midwifery
Jaliah Namutebi, research supervisor at Mildmay School of Nursing and Midwifery
Immaculate Naggulu: research supervisor at Mildmay School of Nursing and Midwifery
Jane Frank Nalubega: research supervisor at Mildmay School of Nursing and Midwifery

AUTHOR CONTRIBUTIONS

SA: collected the data.
JN: supervised the study.
IN: supervised the study.
JFN: supervised the study.

REFERENCES

1. Abegaz, N. T., Berhe, H., & Gebretekle, G. B. (2019). Mothers/caregivers healthcare seeking behavior towards childhood illness in selected health centers in Addis Ababa, Ethiopia: A facility-based cross-sectional study. *BMC Pediatrics, 19*, 220. https://doi.org/10.1186/s12887-019-1588-2
2. Amoo, O. O., & Adeleke, O. O. (2018). Determinants of mothers' health-seeking behaviour for their children in a Nigerian teaching hospital. *Semantic Scholar*.
3. Aniah, A. M., et al. (2024). Health-seeking behaviors and utilization of healthcare services among rural dwellers in under-resourced communities in Ghana. *International Journal of Caring Sciences, 17*(1), 472–480.
4. Ayalew, E. L., et al. (2020). Factors associated with healthcare-seeking behavior for symptomatic acute respiratory infection among children in East Africa. *BMC Public Health.*
5. Kabali, A. C., et al. (2015). Health-seeking behaviour and challenges in utilising health facilities in Wakiso district, Uganda. *African Health Sciences, 15*(1), 18–24.
6. Kiracho, E. E., et al. (2022). Determinants of health-seeking behaviour in Uganda: Is it just income and user fees that are important? *ResearchGate.*
7. Nyamu, J. W., et al. (2019). Maternal healthcare-seeking behaviours for childhood illness in rural Kenya. *BMC Public Health.*
8. Susanto, S., et al. (2024). Determinants of maternal health-seeking behavior for stunted children in Indonesian community health centers: A cross-sectional study. *Population Medicine.*
9. Uganda Ministry of Health. (2022). Reproductive, maternal, newborn, child, adolescent, and healthy aging (RMNCAH) Sharpened Plan II.
10. Victora, C. G., et al. (2015). Determinants of maternal health care utilization in Brazil. *Revista Panamericana de Salud Pública, 38*(2), 121–128.
11. Owoyemi, A. J., & Ladi-Akinyemi, T. W. (2017). Health-seeking behaviour for infants by caregivers in a semi-urban area of Lagos State, Nigeria. *Nigerian Journal of Health Sciences, 17*(1), 14. https://doi.org/10.4103/njhs.njhs_27_16

AfroGlobal Perspectives
Vol. 3 No. 6 (2026): June 2026
https://doi.org/10.70572/agp.v3i6.117
Original Article

PUBLISHER DETAILS

AfroGlobal Press

AfroGlobal Press
Amplifying Voices Worldwide

Contact: +256 763 123 847
Email: afroglobalpress@gmail.com
Website: https://afroglobalpress.com
Address: Scholar's Summit, Nakigalala, East Africa