

Health-Seeking Behaviors of Mothers: A Foundation for Developing Targeted Health Programs

Millyn M. Cobe

Student, Medina College – Ozamiz City

Abstract— Health-seeking behaviors among mothers play a crucial role in managing childhood diseases such as measles. This study examines the demographic profile, knowledge, attitudes, and health-seeking behaviors of mothers with children diagnosed with measles, providing a foundation for developing targeted health programs. A quantitative descriptive research design was employed, utilizing a structured questionnaire to collect data from mothers. Statistical analysis included frequency distribution, mean scores, and correlation testing to assess relationships between knowledge, attitudes, and health-seeking behaviors. The majority of mothers were aged 21-30 years (64.38%), had post-secondary education (82.37%), and belonged to the middle-income bracket (71.26%). Knowledge about measles was generally low, with an average score of 6.63 out of 14, and 92.34% fell into the low knowledge category. Attitudes towards measles were average (mean = 3.072), with misconceptions about its causes and hesitancy toward vaccination. No significant relationship was found between knowledge and attitudes ($r = 0.009$, $p = 0.888$). Health-seeking behaviors were strong in preventive measures (mean = 4.106) and care-seeking (mean = 3.639), with mothers favoring private healthcare facilities and barangay health centers. However, the timing of care-seeking was delayed, with most seeking medical attention between the 4th and 5th day of illness (mean = 3.395). Despite proactive preventive measures, mothers' limited knowledge and misconceptions hinder optimal health-seeking behaviors. These findings highlight the need for targeted educational interventions, timely healthcare access, and policy enhancements to improve health outcomes.

Keywords— Health-seeking behavior, measles, mothers' knowledge, vaccination, healthcare access, maternal health.

I. INTRODUCTION

Mothers have a major contribution to the health and well-being of their households, and their health-seeking behavior is, therefore, a research priority. These involve their selection and action towards obtaining medical care, use of health facilities, and adherence to preventive health habits. Various factors influence their health-seeking behaviors, including socioeconomic status, education, cultural beliefs, accessibility of healthcare facilities, and previous healthcare experiences. Understanding these behaviors is essential in identifying barriers that prevent mothers from seeking timely and appropriate care. By analyzing these factors, targeted health programs can be developed to address specific needs, promote maternal and child health, and improve overall healthcare outcomes in communities.

Multiple determinants, including socioeconomic status, cultural beliefs, and the provision of health services, play a crucial role in the healthcare-seeking behavior of mothers. Adedokun and Yaya (2020) confirmed that maternal education and economic empowerment are important determinants of children's healthcare-seeking behavior in sub-Saharan Africa. Similarly, Geda et al. (2021) quoted differences in the healthcare-seeking behavior of mothers in urban and rural Ethiopia, noting that mothers in rural Ethiopia face more challenges in

accessing timely medical visits. Zenebe et al. (2022) supported this, showing how maternal knowledge and the availability of health facilities influence responses to pediatric illnesses like diarrhea and respiratory infection. In the Philippines, Torres et al. (2023) discussed how modernity affects maternal health-seeking behavior, noting that first-time mother's resort to non-medical sources due to accessibility and cultural-related factors. In general, these studies stress the importance of targeted health programs addressing both structural and educational barriers to improve maternal and child health outcomes.

Despite the growing awareness of maternal and child health, significant gaps and lapses remain in mothers' health-seeking behaviors, particularly in underserved communities. Initial interviews and observations suggest that most mothers delay seeking medical care due to economic constraints, poor transport, and poor awareness of available healthcare services. Cultural attitudes and the practice of traditional healing methods further prolong the delays and create unnecessary health complications. Additionally, healthcare facilities often face resource shortages, long waiting times, and inadequate maternal health education programs, discouraging mothers from utilizing formal healthcare services. These challenges highlight the need for

targeted interventions that address accessibility, education, and cultural factors to improve maternal health-seeking behaviors and ensure better healthcare outcomes for both mothers and their children.

This study aims to examine the different determinants of the health-seeking behavior of mothers with children diagnosed with measles, explicitly focusing on their demographic characteristics, knowledge, attitudes, and health-seeking behavior. It is necessary to determine these factors to determine the barriers that hinder and slow down proper medical intervention. By assessing mothers' knowledge and attitudes towards measles, the study seeks to determine whether these factors significantly affect their decisions in seeking healthcare. Furthermore, it aims to evaluate their health-seeking behaviors, particularly in preventive measures, care-seeking tendencies, and the timing of medical consultation after illness onset. The findings will offer essential insights to policymakers and healthcare providers, enabling the development of targeted interventions to improve maternal awareness, enhance healthcare access, and promote timely and effective responses to measles cases among families.

II. RESEARCH METHODOLOGY

Research Design

The study utilized a descriptive research design, which is particularly effective for capturing detailed and comprehensive information about a specific population. According to Polit and Beck (2017), descriptive research is aimed at providing a thorough understanding of the characteristics of a phenomenon or population without intervening or manipulating variables. In this context, the design allowed for the systematic collection and analysis of data on mothers' health-seeking behaviors regarding measles, focusing on their knowledge and attitudes. This approach was chosen because it facilitated a detailed exploration of the relationships between these variables and their impact on health-seeking behaviors. The descriptive nature of the study enabled researchers to gather rich, contextual data that illustrated how these factors influence health practices, without altering the participants' experiences or behaviors.

The non-experimental nature of the study, as described by Creswell (2014), meant that the research did not involve manipulation of the independent variables, which were the mothers' knowledge and attitudes towards measles. Instead, the study observed and recorded these variables as they naturally occurred,

providing a snapshot of their current state. This approach is particularly useful in exploring and describing the relationships between variables without the complexities introduced by experimental manipulation. By focusing on observation and description rather than intervention, the study was able to capture genuine and unaltered data, offering insights into the current health-seeking behaviors of mothers. This design is beneficial for understanding existing conditions and behaviors, which can inform future research and policy development.

The use of a descriptive design provided a foundational basis for future, more rigorous research. According to Burns and Grove (2011), descriptive research is often the preliminary step in a research continuum, offering essential insights that can guide subsequent studies. In this case, the baseline data on mothers' knowledge, attitudes, and health-seeking behaviors concerning measles serves as a critical reference point for more experimental or intervention-based research. Future studies could build on this foundation by manipulating variables or implementing interventions to assess their impact on health-seeking behaviors. Thus, the descriptive design not only offered valuable insights into current practices but also set the stage for further investigation aimed at improving health outcomes and developing targeted health programs.

Research Setting

The study was conducted within the Calamba Rural Health Unit (RHU) and provided a unique research setting typical of a rural health facility. Calamba RHU is a primary health facility for residents, handling a variety of health issues and offering preventive and curative health services. The setting was suitable for the study of health-seeking behavior among mothers with measles children because it provided a chance to see how the dynamics of rural health care influence such behavior. The research findings in the setting highlighted the challenges and opportunities rural health units face when handling measles and other infectious diseases. Through the rural setting, the research makes it easier to understand health-seeking behavior in the same setting, which is crucial for the development of suitable health programs.

The Municipality of Calamba as a study area has a distinct context due to its rural nature and population dynamics. The municipality is in an area where access to health facilities can be limited, and socio-economic determinants in the area might influence health-seeking

behavior. Rural groups, generally have inherent health issues, such as a lack of medical facilities and health literacy gaps among the population, which could influence general health care outcomes. The Rural Health Unit of Calamba as a source of primary health care in the area best captures these dynamics and offers the venue to understand health-seeking behavior in a health care setting where access to and availability of healthcare might be more limited. Studying these dynamics in Calamba offers the chance to map areas of health services gaps and areas of potential intervention, which would translate to more effective and relevant health programs.

The research setting in Calamba allowed for data collection that is representative of rural health conditions, thus increasing the study's relevance and applicability. In agreement with Aday (2014), research conducted in a concentrated real setting such as Calamba allows for the better understanding of local health conditions and behaviors. Rural Health Unit operations, community engagement, and patient consultations gave a rich background for the observation of the process of mothers going for care for measles, and associated health practice. The findings of the study are thus anchored on the experience and issues of the community and provide practical implications for the enhancement of health services and the design of targeted health interventions. Focusing on Calamba, the study illuminates local health-seeking behavior. It is an example of similar studies in rural settings, allowing for wider application of its findings to the enhancement of public health.

Research Respondents

Two hundred sixty-one (261) mothers were included in the study and sampled using simple random sampling to ensure the sample's representativeness. The sampling technique was employed to prevent selection bias and to offer an equal chance to all the potential respondents to be selected for the study, making the study results more reliable. The respondents were sampled from the records of the barangay health center and targeted individuals who had consulted and received treatment for their child or children with measles. The selection was made of mothers whose children had been diagnosed with measles within the last six months before the study. This was made to ensure that the data collected was new and relevant. This technique captured the recent health-seeking behavior and difficulties in controlling measles within a stipulated time. By targeting recent cases, the study attempted to provide information on mothers'

immediate health behavior and response to measles outbreaks. The extensive sampling technique was employed to strengthen the study, providing in-depth information on the health-seeking behavior of the target population.

Simple random sampling and clear inclusion criteria enabled precise investigation of the health-seeking behavior of measles mothers within a specific time frame. The approach ensured that the sample was representative of the population of interest, minimizing potential biases in non-random sampling techniques. The barangay health center records provided a valid source of eligible respondents, as they directly consulted healthcare providers for measles-related complaints. By restricting the study to mothers who had accessed care in the previous six months, the study captured recent trends and behavior, making the findings highly relevant to recent health practices. The study design, therefore, enabled an in-depth examination of the impact of recent measles experience on health-seeking behavior, providing valuable insights for the design of targeted health interventions. Overall, the sampling method and inclusion criteria maximized the validity and relevance of the study findings, leading to more effective public health interventions.

Research Instruments

The research used a researcher-administered questionnaire in collecting extensive information required by the research. The questionnaire was broken into four components to collect varying aspects of the behaviors and experiences of the mothers. Part I was designed to collect demographic information, including the age, education level, monthly family income, number of instances of measles ever encountered in the family, and working status of the respondents.

This section aimed at developing a clear picture of the participants, which is a crucial factor in establishing how the variables can impact health-seeking behavior. Part II of the questionnaire assessed the respondents' knowledge on measles, exposing them to testing their knowledge about the symptoms, mode of spread, and prevention of the illness. Part III aimed at assessing the respondents' attitudes towards measles, collecting their perceptions and beliefs about the disease and its management. Finally, Part IV asked the respondents about their health-seeking behavior, especially their health prevention practices, process of seeking care, and the timing of accessing medical care once the symptoms of measles are manifest.

This multi-part questionnaire enabled a thorough analysis of different factors affecting the health-seeking behavior of mothers with measles. The study ensured a thorough data collection process by dividing the questionnaire into parts for different elements—demographic information, knowledge, attitudes, and behaviors. This structure enabled a thorough analysis of how each of these affects the respondents' overall health-seeking behavior. The detailed structure also

enabled the researchers to determine some areas where specific interventions could be developed. The researcher-developed nature of the instrument, based on appropriate constructs and adapted to the study setting, made it more specific and relevant. This ensured that the data collected would be directly applicable to understand and address the health needs of mothers of children with measles, and provide useful insights to develop targeted health programs.

The continuum presented on the next page was used in interpreting the data:

KNOWLEDGE	
Continuum	Interpretation
4.21-5.00	Very Satisfactory (VS)
3.41-4.20	Satisfactory (S)
2.61-3.40	Fair (F)
1.81-2.60	Poor (P)
1.00-1.80	Very Poor (VP)

ATTITUDE		
Continuum	Responses	Interpretation
4.21-5.00	Very Strongly Agree (VSA)	Very Poor Attitude (VPA)
3.41-4.20	Strongly Agree (SA)	Poor Attitude (PA)
2.61-3.40	Agree (A)	Fair Attitude (FA)
1.81-2.60	Disagree (DA)	Good Attitude (GA)
1.00-1.80	Strongly Disagree (SDA)	Very Good Attitude (VGA)

HEALTH PREVENTION PRACTICES		
Continuum	Responses	Interpretation
4.21-5.00	Always (A)	Very Satisfactory (VS)
3.41-4.20	Often (O)	Satisfactory (S)
2.61-3.40	Sometimes (SS)	Fair (F)
1.81-2.60	Seldom	Poor (P)
1.00-1.80	Never (N)	Very Poor (VP)

Seeking Care/ Time Seeking Care	
Continuum	Responses
4.21-5.00	Always (A)
3.41-4.20	Often (O)
2.61-3.40	Sometimes (SS)
1.81-2.60	Seldom (SD)
1.00-1.80	Never (N)

Validation of Instrument

Before giving the questionnaires to the target respondents, the researcher pre-tested the questionnaires among 15 mothers who were not part of the main study.

The first trial was used in the identification of the items that were too vague or ambiguous, ensuring that the questions were clear and comprehensible. The participants' feedback was important in refining the

questionnaire because it pointed out areas that required improvement. The pilot test was used in the validation of the data collection instrument, allowing the researcher to make the necessary changes to make it effective. After the adviser's and panel members' corrections and suggestions had been incorporated, the final version of the questionnaire was in place for administration. The meticulous process ensured that the improved questionnaire collected the desired information and was ready for use with the target respondents.

After pilot testing and expert revisions, the final form of the questionnaire was replicated for mass distribution. The new questionnaire contained all the improvements required, correcting any defects that were well known. Such meticulous preparation helped ensure that data collected would be valid and reliable. By test-running and improving the questionnaire in detail, the researcher sought to obtain credible and meaningful data from the intended respondents. The stringent validation process helped ensure the validity of the research instrument, attesting to the overall quality of the study. The improved questionnaire was therefore poised to offer helpful information on mothers' health-seeking behavior, as desired by the study aims, and quality data collection.

Data Gathering Procedure

The researcher also secured official permission from the Dean of the Graduate School, where it was determined that the research was within institutional regulations and ethical guidelines. This certification was crucial in an effort to legitimate and allow for the continuation of the research in the academic environment. Apart from this institutional clearance, the researcher also secured clearance from the barangay officials, including the target barangays' barangay captains. This was a crucial step in a bid to have local clearance and enable the smooth conduct of the study in the community. The researcher made the research operationally feasible and ethically justifiable in securing these approvals.

Following the procurement of necessary approvals, the researcher administered the questionnaires to the listed respondents. Administration of questionnaires was tightly controlled to ensure that all the selected participants were given questionnaires and a chance to complete them. To maintain the integrity of the data collection process, the researcher collected completed questionnaires as soon as respondents finished completing them. Early collection was necessary in

maintaining the integrity of the response and to prevent potential loss or misplacement of questionnaires. Data collected were carefully counted and tabulated in a systematic manner, with each response being counted and properly prepared for analysis.

After data collection, the researcher went ahead and took the information to a statistician for extensive statistical analysis. The statistician used relevant data analysis techniques, producing results and interpreting results in accordance with the study objectives. Statistical analysis helped in identifying patterns and relationships within the data to make meaningful conclusions regarding the health-seeking behavior of mothers. The results were synthesized and interpreted to provide a detailed description of the study findings. This detailed analysis helped the researcher in making genuine conclusions and providing recommendations based on the collected data.

Ethical Consideration

The researcher has the mandate to protect research participants from any risk or harm that they might suffer from taking part in the research, adhering to ethical management practices below, and conducting research of the quality of science in education. Among the research objectives is thus to ensure that all the participants are in accordance with generally agreed legal, technical, and science standards for the study design in implementation, dissemination, and reporting.

Informed Consent. Provision must be made to ensure the informed consent from all the subjects. This translates to the provision of information in full to the mothers regarding the nature, reason, potential harms, and potential benefits of the study prior to their consent. Consent must also be conducted in a way that the subjects may comprehend.

Confidentiality. Maintaining participants' confidentiality is of utmost importance. Researchers must ensure that participants' personal information is not disclosed and data are anonymized or de-identified. This involves secure data storage and restricted access to authorized personnel.

Voluntary Participation. The participation in the research should be voluntary and not influenced by coercion or undue influence. The participants should be free to withdraw from the research at any time without incurring any negative consequences.

Minimizing Harm. Researchers should attempt to minimize discomfort or harm to participants. This involves making questions respectful and sensitive, and ensuring the study does not inadvertently cause psychological distress or worsen health issues.

Statistical Treatment

In order to confirm the results and size of the study, different statistical methods and approaches were employed by applying Minitab software.

Frequency and percentage analyses were employed to examine response distribution by category, with the frequency of each response highlighted. Frequency counts gave a simple count of responses, while percentages allowed a relative comparison to be made by indicating the proportion of each response to the total number of responses. This dual methodology gave an unambiguous picture of the pattern of distribution in the data, illustrating major trends and areas of interest.

Average Weighted Value was also a significant technique employed in the study to measure the attitude and health-seeking behavior of the respondents towards measles. The procedure involved assigning weights to

different response categories and then calculating the average weighted value to arrive at the overall sentiment and behavior tendencies of the respondents. Through the application of the method, the study was able to provide a better insight into the perceptions of the respondents regarding measles as well as their health-seeking behaviors. The procedure allowed for a more descriptive and measurable analysis of attitudes and behaviors, and this assisted in improving the outcomes of the study.

Regression Analysis was employed to examine the interdependence between the independent variables, i.e., respondents' profiles, knowledge, and attitudes, and the dependent variables, i.e., the health-seeking behaviors. The statistical technique was effective in establishing and measuring the strength and significance of the interdependence. Through regression analysis, the study established how variations in respondents' profiles and knowledge and attitudes towards measles influenced their health-seeking behaviors. The method was effective in generating insights into the predictive variables that shape health-seeking behaviors, and thus informing the design of interventions and health programs.

III. RESULTS AND DISCUSSIONS

Table 1. Demographic Profile of the Respondents

Profile	f	%
Age		
21 - 30 years old	168	64.38
31 – 40 years old	69	26.43
41 – 50 years old	10	3.83
51 – 60 years old	14	5.36
Total	261	100
Educational Attainment		
Elementary Level	0	0
Elementary Graduate	0	0
High School Level	0	0
High School Graduate	46	17.63
College Level	125	47.89
College Graduate	90	34.48
Total	261	100
Family Monthly Income		
P10,000 and below/ month	16	6.13
P10,001 and P20,000/ month	186	71.26
More than P0,000/ month	59	22.61
Total	100	100
Employment Status		
With employer	105	40.23

Self Employed	76	29.12
Housewife	80	30.65
Total	100	100

The demographic data of mothers in the survey provide valuable insights into their health-seeking behavior and potential barriers to healthcare access. The majority of respondents (64.38%) are between 21 and 30 years old, an age range associated with active parenting and critical health decision-making. A smaller percentage (26.43%) are aged 31 to 40, while only 9.19% are above 41, indicating an underrepresentation of older mothers. These findings align with Cone et al. (2021), who highlight early adulthood as a crucial period for making health-related choices. However, the study does not capture teenage mothers, who may face unique socioeconomic challenges influencing their health-seeking behaviors.

Educationally, most respondents have attained higher education, with 47.89% attending college, 34.48% completing a college degree, and 17.63% graduating from college. Notably, none reported only elementary-level education, suggesting that these mothers likely have better access to health information and make more informed health choices. In terms of financial stability, 71.26% belong to the middle-income category, earning between P10,001 and P20,000 per month. A smaller group (6.13%) earns P10,000 or less, potentially facing

financial difficulties in accessing healthcare, while 22.61% earn over P20,000, placing them in a better position to afford quality healthcare.

Employment status further influences healthcare access, with 40.23% of respondents working for an employer, which may provide financial stability and potential healthcare coverage. Additionally, 29.12% are self-employed, possibly offering flexibility but less job security. However, 30.65% are housewives, who may experience limitations in accessing healthcare due to financial dependence on their spouses. Silver et al. (2022) found that employment status significantly impacts health outcomes, as those with stable jobs generally have better access to healthcare resources. Given these demographic findings, targeted health programs should focus on middle-income, well-educated, and younger mothers, who are likely to respond well to digital and community-based health interventions. Additionally, work and financial constraints should be considered to ensure that healthcare programs are accessible and sustainable for all mothers, particularly those with limited financial independence.

Table 2. Respondents' Level of Knowledge on Measles

Score	MPS	Adjectival Interpretation	f	%
14	96% – 100%	Very High	0	0
12-13	86% – 95%	High	2	0.76
10-11	66% – 85%	Average	7	2.68
4-9	35% – 65%	Low	241	92.34
3	15% – 34%	Very Low	8	3.07
1-2	3% – 14%	Extremely Very Low	3	1.15
0	0 – 2%	Absolutely No Knowledge	0	0
Total			261	100
SD			1.90	
Mean Score			6.63	
MPS			(Low)	

The results from Table 2 reveal that the majority of respondents have low knowledge about measles, as assessed through a standardized knowledge assessment tool. A significant 92.34% scored between 4 and 9, falling into the Low category, while 3.07% had Very Low scores (score of 3) and 1.15% had Extremely Very Low scores (1–2). Only a small percentage

demonstrated Average knowledge (2.68%) or High knowledge (0.76%), with no respondents scoring in the Very High category.

The overall mean score of 6.63 and a mean percentage score (MPS) of 47.357% confirm that most respondents have insufficient knowledge about measles. The

standard deviation (SD) of 1.90 indicates some variation in responses, though most still fall within the Low category. This lack of knowledge may contribute to poor health-seeking behavior, delayed symptom recognition, and barriers to vaccination.

These findings align with Hussein et al. (2022), who also reported low parental knowledge about measles, mumps, and rubella vaccines. Both studies emphasize the need for targeted health interventions to address knowledge gaps and improve vaccination uptake.

To increase maternal awareness and promote active health-seeking behavior, community-based education programs, culturally adapted health campaigns, and collaboration with healthcare providers should be implemented.

Strengthening measles awareness, symptom recognition, and immunization education can help improve maternal responses to measles prevention and treatment.

Table 3. Respondents' Attitude towards Measles

Indicators	SD	Mean
Measles is a disease that cannot be prevented.	0.50	1.52
If my child has the flu on vaccination day, I will not take them to get vaccinated.	0.65	4.48
If my child has diarrhea on vaccination day, I will not take them to get vaccinated.	0.47	4.64
Measles is caused by sorcery, so I need to take my child to a traditional healer.	0.46	1.31
Measles is due to environmental changes (e.g., weather), so I need not worry if my child has measles.	0.84	3.84
Every child who is immunized still has a chance of getting measles.	0.49	4.5
A child who once had measles cannot get the infection again.	0.49	4.53
A strong, healthy child will not get measles even if not immunized.	0.49	1.47
Mothers are the most important people in preventing the spread of measles.	0.45	1.30
Average Mean	3.072 "Average"	

Scale: 4.21 - 5.00 "Very High"; 3.41 - 4.20 "High"; 2.61 - 3.40 "Average"; 1.81 - 2.60 "Low", 1.00 - 1.80 "Very Low"

The analysis of Table 3 reveals that respondents' attitudes toward measles are moderate, with an overall mean score of 3.072, categorized as "Average." However, inconsistencies in understanding and the presence of misconceptions are evident.

A notable finding is the strong reluctance to immunize a child with minor illnesses, such as flu (mean = 4.48) or diarrhea (mean = 4.64). This belief can lead to missed or delayed vaccinations, increasing susceptibility to measles outbreaks.

Additionally, some respondents still hold onto measles-related myths, such as witchcraft as a cause (mean = 1.31) and the belief that a healthy child will not contract measles except after vaccination (mean = 1.47).

While these scores are low, they suggest that certain traditional beliefs persist. Similarly, the idea that measles has only environmental causes (mean = 3.84) highlights a misunderstanding of its viral nature.

On the positive side, respondents demonstrated strong awareness of some medical facts—many correctly

recognized that measles can still occur post-vaccination (mean = 4.5) and that once infected, a child gains immunity (mean = 4.53).

However, the low mean score (1.30) for the statement that "mothers play the most important role in preventing measles" suggests a lack of awareness regarding maternal responsibility in vaccination and disease prevention.

These findings align with Grinberg and Sela (2021), who emphasize the role of health beliefs in vaccination behavior, highlighting how fear and misinformation contribute to vaccine hesitancy.

Addressing these misconceptions through targeted health interventions is crucial.

Health programs should debunk myths, provide clear information on vaccine safety, and emphasize the role of mothers as key agents in measles prevention to improve vaccine coverage and disease control.

Table 4. Test of Significant Relationship Between Respondents' Knowledge of Measles and their Attitudes Towards the Disease

Test Variables	Correlation Coefficient	P value	Decision
Respondents' Knowledge of Measles and their Attitudes Towards the Disease	0.009	0.888	retain the Ho

Note: If $p \leq 0.05$, with a significant relationship

The statistical analysis in Table 4 reveals no significant relationship between respondents' knowledge of measles and their attitude towards the disease, as indicated by a correlation coefficient of 0.009 and a p-value of 0.888, which is far above the 0.05 significance level. Consequently, the null hypothesis is accepted, confirming that knowledge about measles does not significantly influence attitudes toward the disease.

This finding suggests that attitudes toward measles remain relatively uniform despite differences in knowledge and are likely shaped by cultural beliefs, personal experiences, or healthcare exposure rather than education alone. Therefore, increasing knowledge about

measles may not automatically lead to improved attitudes or preventive behaviors.

To enhance attitudes toward measles prevention and control, health programs should integrate behavior change strategies alongside educational initiatives for a more substantial impact. This contrasts with Altulayhi et al. (2021), who found that measles immunization was significantly linked to lower COVID-19 morbidity and mortality, highlighting how different health factors influence disease outcomes. The results underscore the importance of considering multiple variables when designing effective health interventions.

Table 5.1. Respondents' Health-Seeking Behavior in terms of Health Prevention Practices

Indicators	SD	Mean
I breastfeed my child up to one year.	0.49	4.53
I practice exclusive breastfeeding for six months.	0.50	1.50
I ensure my child eats fresh fruits and vegetables every meal.	0.49	4.52
I ensure my child sleeps for 8 hours a day.	0.49	4.56
I ensure my child's sleeping area is clean and well-ventilated.	0.50	4.51
I ensure all my children are completely immunized.	0.49	4.55
I ensure my child takes vitamins regularly.	0.49	4.53
Average Mean	4.106 "High"	

Scale: 4.21 - 5.00 "Very High"; 3.41 - 4.20 "High"; 2.61 - 3.40 "Average"; 1.81 - 2.60 "Low", 1.00 - 1.80 "Very Low"

The findings indicate that mothers exhibit high health-seeking behavior in measles prevention, with an overall mean score of 4.106. The highest-rated practices include ensuring eight hours of sleep (4.56), complete immunization (4.55), and daily vitamin intake (4.53), reflecting mothers' strong commitment to boosting their children's immunity. Other notable preventive measures include breastfeeding until one year (4.53) and providing fresh fruits and vegetables with every meal (4.52), further demonstrating their dedication to child health.

However, exclusive breastfeeding for six months received a notably low mean score of 1.50, indicating that most mothers do not strictly follow this

recommendation. Possible reasons include cultural beliefs, misunderstandings, or work-related constraints, which can impact child immunity since exclusive breastfeeding is essential for transferring antibodies that protect against infections like measles.

These findings align with Modak, Ronghe, and Gomase (2023), who highlight the psychological and developmental benefits of breastfeeding for both mothers and children. While overall health prevention practices are strong, the low compliance with exclusive breastfeeding presents a key area for intervention. Strengthening awareness programs, workplace breastfeeding policies, and maternal education is crucial to improving adherence to this essential health practice.

Table 5.2. Respondents' Health-Seeking Behavior in terms of Health Seeking Care

Indicators	SD	Mean
Government hospital	0.49	1.54
Traditional healer (e.g., hilot)	0.85	2.01
Private clinic	0.49	4.55
Private hospital	0.49	4.57
Barangay health center	0.49	4.55
Home remedies only	0.49	4.57
Average Mean	3.639 "High"	

Scale: 4.21 - 5.00 "Very High"; 3.41 - 4.20 "High"; 2.61 - 3.40 "Average"; 1.81 - 2.60 "Low", 1.00 - 1.80 "Very Low"

The data indicate that mothers exhibit high health-seeking behavior for measles, with a mean score of 3.639. They primarily seek care from private hospitals (Mean = 4.57), home remedies (Mean = 4.57), private clinics (Mean = 4.55), and barangay health centers (Mean = 4.55), showing a preference for private and community-based healthcare. Government hospitals (Mean = 1.54) had the lowest rating, likely due to concerns about service inefficiency, waiting times, or overcrowding. Traditional healers (Mean = 2.01) were also infrequently chosen.

These findings align with Kaçan et al. (2022), which showed varied maternal health-seeking behavior based on education levels.

The high reliance on home remedies highlights the need for improved health education to guide mothers toward optimal measles treatment. These insights can inform health program planning and interventions to ensure timely and appropriate medical care.

Table 5.3. Respondents' Health-Seeking Behavior in terms of Timing of Care After the Onset of Illness

Indicators	SD	Mean
First day	0.50	1.49
2nd - 3rd day	0.85	3.84
4th to 5th day	0.73	4.30
After 5th day	0.85	3.93
Average Mean	3.395 "Average"	

Scale: 4.21 - 5.00 "Very High"; 3.41 - 4.20 "High"; 2.61 - 3.40 "Average"; 1.81 - 2.60 "Low", 1.00 - 1.80 "Very Low"

The data suggest that most mothers delay seeking medical care for measles, with a low mean score (1.49) for seeking care on the first day of illness. The highest mean scores are for seeking care between the 4th and 5th day (4.30) and after the 5th day (3.93), indicating a tendency to postpone medical attention. Care-seeking between the 2nd and 3rd day (3.84) is also relatively high. The average mean score (3.395) falls in the "Average" category, showing that while some mothers seek care early, most delay.

Delays may be due to lack of healthcare access, unawareness of measles severity, reliance on traditional medicine, or financial constraints. These findings align with Simieneh et al. (2019), which reported similar delays among Ethiopian mothers, often waiting until symptoms worsened. The results highlight the need for health education programs to encourage timely medical intervention and prevent measles complications, morbidity, and mortality.

Table 5.4. Summary of the Level of Perception of Nursing Students on Stress

Components	Mean	Interpretation
Health Prevention Practices;	4.106	High
Health Seeking Care	3.639	High
Timing of Care After the Onset of Illness	3.395	Average
Average Mean	3.713 "High"	

Scale: 4.21 - 5.00 "Very High"; 3.41 - 4.20 "High"; 2.61 - 3.40 "Average"; 1.81 - 2.60 "Low", 1.00 - 1.80 "Very Low"

The data indicate that mothers exhibit high overall health-seeking behavior for measles, with a mean score of 3.713. Among the three dimensions measured, preventive health practices received the highest score (4.106), demonstrating that mothers prioritize vaccination, cleanliness, and other preventive measures. Seeking care for health was also rated high (3.639), indicating that mothers do seek medical attention when their children show symptoms of measles. However, timing of care was rated average (3.395), suggesting that while mothers seek medical help, they often delay doing so. Possible reasons for this delay include distance from healthcare facilities, financial constraints, or a lack of awareness about the severity of symptoms. These findings highlight the need for targeted health interventions to encourage timely medical consultation. Raising awareness about the urgency of early treatment and removing barriers to healthcare access can help improve health outcomes and reduce complications associated with delayed measles treatment.

IV. CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In conclusion, the study highlights key insights into the health-seeking behaviors of mothers with children diagnosed with measles, revealing demographic characteristics such as a predominance of mothers aged 21 to 30 years, with post-secondary education and a middle-income bracket. Despite strong health prevention practices, such as breastfeeding, immunization, and proper sleep, the knowledge level of mothers regarding measles was found to be low, with most demonstrating misconceptions and ambivalence about vaccination. The mothers displayed an average attitude towards measles and no significant relationship was found between their knowledge and attitudes. Furthermore, while mothers exhibited a high level of health-seeking behavior, particularly in seeking care from private healthcare facilities and barangay health centers, the timing of care varied, with care typically sought between the 4th and 5th day of illness. These findings underscore the need for targeted health programs that focus on improving knowledge and addressing misconceptions, as well as emphasizing timely healthcare interventions.

Recommendations

Healthcare practitioners should enhance patient education on measles through accessible methods like workshops and visual aids while improving communication skills to address concerns and promote

vaccination. Public health officials should implement targeted campaigns to correct misconceptions, engage community leaders, and improve access to healthcare and immunization services. Policymakers should develop initiatives that increase awareness, ensure affordable healthcare, and support flexible vaccination schedules. Future researchers should explore additional factors influencing health behaviors and assess the long-term impact of education campaigns. Community leaders should advocate for health programs, facilitate discussions, and collaborate with healthcare providers to encourage timely vaccination and care-seeking behaviors. accessible resources for mothers. Promoting the involvement of fathers and other family members.

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