

## FACTORS INVOLVED WHEN A CHILD IS BROUGHT FOR A MEDICAL CONSULTATION

**A. MUSCAT BARON**

M.D., CERT. DEV. PAED., D.C.H. (LOND)

**Y. MUSCAT BARON**

M.D., M.R.C.P. (IREL), M.I.O.G. (DUBL),

M.R.C.O.G. (LOND)

### Introduction

*A child is not well. Someone has to notice that something is wrong. What makes the child carer eventually decide to go to the doctor? The reason leading to this decision is often thought by professionals to be obvious i.e. because the child is ill. One rarely stops to think about other underlying factors why the consultation was made. This help-seeking behaviour depends on a variety of inter-related factors.*

### Health and Illness:

Health and illness are quite elastic concepts. They can be viewed as a spectrum of 'well-being'. There's a thin line that medically separates minor disorders from those that are 'ignored, tolerated or self-medicated'.<sup>1</sup> Moreover, psychological and cultural features could be added to the traditionally medically-oriented definitions of health and illness.<sup>2</sup> Illness behaviour covers the ways in which people 'perceive, evaluate and respond to physical and psychological discomfort'.<sup>3</sup> Therefore behaviour towards illness may be expected to be different in every human being.

Several studies have been carried out to investigate this behaviour. Briscoe ME mentions a gender difference whereby women, especially in the childbearing age, were found to consult their GP more frequently than males.<sup>3</sup> This may indicate that females seek help even for mild illnesses and discomfort.

### Women as providers of health care:

Women are believed to be among the main providers of health care in the community, especially in the case of children.<sup>4,5</sup> They try their best to

provide a healthy environment for their children and family. Mothers make daily decisions regarding their children's well-being or illness and care for their children when sick.

Women, being the main care givers of children, are in the front line when it comes to noticing whether their child is well or on the verge of an illness. By spending time with their children, they automatically learn the skill of knowing what their child's 'normal' well-being is like, and so 'any deviation from the norm' is picked up easily. Experience increases with having more children and subsequently consultation rates decrease. In fact it has been noted that mothers tend to consult more with their first-born child.<sup>6</sup> However, every child is different and therefore the reaction to the illness will be different. The mother actually develops this skill for every child (one sick child may retain the appetite while another may go off food completely). Another explanation for diminishing consulting rates with increasing number of children may be that the mother has less time to spend with each child and therefore develops a higher threshold for consulting.<sup>5</sup>

This 'normality' or rather 'acceptance of well-being' is also

dependent on other factors such as cultural beliefs, knowledge drawn from past experience and media pressure. Professionals, peers, friends, and relatives may influence what the mother considers 'normal'.<sup>4</sup> It has been postulated that the individual, in this case the mother, goes through the following phases before the decision to consult is made: 1. whether her child is well or ill; 2. what to do about it; 3. when to put aside home-made remedies and seek professional medical aid.<sup>1</sup>

'Appropriate mothering': There's a common belief that the well-being of a child is an indicator of 'appropriate mothering'. This may compel mothers consciously or subconsciously to take care of their children more. This may indirectly produce a rather low threshold for seeking professional help. Mothers believe that if they are not seen to worry or fuss over their child they might be judged by others as being incompetent mothers. Some may even become anxious that their child might be taken away from them, especially where a socially-deprived family situation already exists.

Some situations such as having a baby who cries a lot or a child who is not eating or sleeping well, may be seen to reflect inadequacy of mothering.

Mothers sense this feeling and this acts on their self-esteem. This in turn, is bound to, and affects their child's behaviour and development. All this influences the final decision to seek medical aid. Professionals can help alleviate some of this psychological burden.<sup>4</sup>

### ***Psychological State of the mother:***

The mother's own frequency of consultation and her psychological state have been found to be among the main factors influencing their decision making.<sup>5</sup> An emotionally disturbed mother may delay seeking professional help for her ill child either because of bad judgement or denial.<sup>1</sup> Doctors should try to find out if there are any other reasons, besides physical ones for bringing the child over for the consultation. The mother might well be the patient herself. It may also result that the child's illness is contributing to the mother's state of mind.

### ***Past Experience:***

Experience of caring for other children before, helps decrease the frequency of consultations.<sup>5</sup> On the other hand, any past bad experience may have an augmenting effect on the rate of consultation. A baby may previously have had an episode e.g. of crying which was not taken seriously by the mother, but which later resulted in a life-threatening situation (e.g. intussusception requiring surgical treatment). At that time the mother might have been blamed by professionals for seeking help rather late. Following such an episode, this same mother and any close acquaintances who hear the story, would become overcautious and seek professional help quickly, even for trivia.

### ***Bothering the Doctor:***

It has been mentioned above that due to past bad experience, some mothers might overreact and consult early. One might mistakenly come to the conclusion that mothers are shrugging off responsibility and rushing to the doctor for any simple complaint. However, in the study by S. Cunningham-Burley and U. Maclean it was found that mothers did not take the decision to consult their GP lightly.<sup>4</sup> They would first go to a health visitor or a pharmacist for their opinion without any embarrassment, but they felt rather stupid going to the GP for just anything.

It has been quoted that 40% of childhood problems are dealt within the family using advice from friends, relatives or the local chemist.<sup>6,7</sup> These were utilised as a stepping stone before the decision is taken to seek professional medical aid. They even asked their advice whether the problem necessitated professional attention.<sup>6</sup> Mothers were also strongly concerned with not wanting to waste the doctor's time. The GP was portrayed as a 'busy' person and not to be bothered with trivial complaints.<sup>4,6</sup> These beliefs differ to some degree in different cultural societies.

Having consulted a GP, the mothers felt that they were invariably being judged for maternal competence, and therefore had to have a valid reason for consulting. General practitioners should be careful not to pass undesirable comments, making mothers feel embarrassed. The GP should make the mothers feel that they have dealt with the situation within their competence and therefore help to raise their self-esteem. Explanation on how things could have been done better without making one feel inadequate, may be helpful.

### ***Social Class:***

Social Class also affects help-seeking behaviour. Parents with less formal education e.g. Social Class V or the unemployed, are known to consult doctors more than higher social class families. They are thought to be abusive of the service provided and are constantly consulting for trivia. However, certain conditions, especially respiratory illnesses were found to be commoner among Social Class V and the unemployed. Thus their chance of consultation is expected to be higher.<sup>8</sup> Other factors found to be related to increased consultations were family living in rented accommodation and no family car.<sup>5</sup>

### ***Ethnicity:***

One physical symptom may be abnormal to one cultural group but rather normal to another. Different consultation rates were found among several ethnic groups in a study by A. Clarke and J. Hewison<sup>2</sup> in 3 general practices located in Leeds (a multiethnicity area). Asian families were more likely to have consulted than non-Asian families (e.g. for respiratory illnesses). In fact, as part of the study their opinion was requested as to whether they thought that a cold got worse or better if it was left alone. Sixty-six percent of Asian families (mainly Muslim and Sikh) believed that colds got worse if left alone, as opposed to Afro-Caribbean and Whites who were represented in this category by 50% and 16% respectively.

### ***Symptomatology:***

Certain symptoms worry mothers more and make them consult a doctor earlier than others. An association has also been found between the number of symptoms and the degree of anxiety of the mother, leading to an increase in the rate of consultation. Children under the

age of one year was found to be a strong positive predictor for consulting a doctor.<sup>5</sup> Furthermore, the reported severity of symptoms e.g. cough in this same study, was more pronounced in the materially disadvantaged families than in the higher social class. Therefore this may explain why low social class parents were consulting more. It may also be argued that materially disadvantaged parents subconsciously reported symptoms as being even more severe than they actually were, maybe for fear of missing out on anything. Being in lower social classes possibly compounded by low self-esteem, they knew that they were naturally more open to criticisms and might easily be blamed as neglectful. So a 'better safe than sorry' attitude is taken. However, after controlling for severity of cough symptoms, there was no longer a link between social class and the rate of consultation.<sup>8</sup> In a study by Osman and Dunt, it was found that mothers were more likely to consult their GP if symptoms were present for more than 2 weeks.<sup>6</sup>

#### **Social Interactions:**

Consultation behaviour is influenced by friends who observe the child from an objective point of view. They may bring to light physical symptoms or behavioural problems which the mother may not have noticed or subconsciously did not want to accept.<sup>9</sup>

#### **Simple Home Remedies:**

Home-made remedies, cough mixtures, paracetamol and herbal remedies are used by parents very commonly whatever race. Paracetamol is commonly used by white families and herbal remedies mostly by Afro-Caribbeans. These are used for different reasons such as to alleviate symptoms or to help children sleep at night. Some parents confess that they use

these remedies simply to be seen by their children as doing something. A very small percentage believe that these remedies were curative for the illness. If these remedies produced no good effect, the parents would then decide to consult the doctor.<sup>2</sup>

#### **Expectations:**

Above all, what are the parents expecting to get from the doctor after consulting? In the study by L.M. Osman and D. Dunt, mothers were concerned whether the GP would be sympathetic to them and their complaints.<sup>6</sup> Educating the parents by giving explanations has a positive effect on future consultations by decreasing them and making them more worthwhile. S. Cunningham-Burley and U. Maclean concluded that the mothers wanted reassurance and explanation of the cause of the illness rather than prescriptions.<sup>4,10</sup>

The study by A. Clarke and J. Hewison shows that 50% of families wanted reassurance rather than antibiotics or other medicines. The other 50% were among the ones who consulted the doctor most. Interestingly enough, reassurance was mostly 'needed' by white families rather than Asian families. It might be that language may have played a part, since to have any positive effect, reassurance would require a well-spoken parent. Thus in the case of Asians, a prescription may have been more tangible than reassurance. Asians perhaps would expect reassurance more if there were no language barriers.<sup>2</sup>

#### **Doctor-Child Relationship:**

Consultation rates are affected by the professionals themselves. The parents' satisfaction with the way the doctor and maybe even the practice nurse interacted with the child and the family as a whole is important. Parents

expect a sympathetic and understanding doctor who manages to put the child and parents at ease in an otherwise uneasy situation.<sup>2</sup> The satisfaction can come from both the family doctor or even a 'proper' doctor suggested by a friend. It has been shown that the rates of consultation to a doctor advised by a friend, compared well to rates of going to the family GP. This emphasises the importance of a friendly, sympathetic doctor, even if met for the first time. The quality rather than length of the relationship is obviously more important. The family doctor would have some advantage over others since he would know the parents' views of health and sickness to some extent and therefore might have a better idea of what the reasons for consultation were. This would affect the way the doctor manages the consultation.

#### **Accessibility:**

Finally, geographical accessibility to the practice and surgery hours influence consultation behaviour. Other factors such as lack of money or time, no one to take care of other children may also delay consultation temporarily or even definitely. The time of the appointment and the waiting at the practice may also affect their decision making.<sup>2,3</sup>

#### **Conclusion**

This process of working through the various factors takes place each time a decision is made to consult a doctor. These factors are all interrelated in some way and several of them may affect the final decision. Child carers, be it mothers, fathers or other persons responsible for the child, subconsciously take more or less every factor into account. By finding a balance through this multifactorial association, they decide whether the problem should be dealt with by the doctor

or not. Frequent consultation with a child may mean that there's psychological distress on the part of the carer. Being aware of this combined problem should lead to proper management of both the child and the family. One should not take lightly or disregard a carer's genuine concern for a child because this would have been more often than not a painstaking decision on the part of the carer, and maybe even a cry for help!

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