



Awareness of Women on Child Care Practices in Gulf of Mannar, Tamil Nadu

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ABSTRACT

Health seeking behaviour of parents for the child is influenced by a large number of factors apart from knowledge and awareness. Objective: To study the awareness level of women on child care practices in Gulf of Mannar, Tamil Nadu. Materials and methods: The study was conducted in 54 coastal villages with 500 respondents selected randomly.

Descriptive research design was used for the study. Interview schedule was used for data collection. Major findings: Nearly two third of the respondents (65.2%) belongs to Hindu religion and one third belong to Christianity (34.8%). Majority of the respondents (87.4%) are literate. A majority of them are literate (87.4%), unemployed (80.4%) and living in nuclear family (90.4%). 6.2% of women are aware of initiating breast feeding within 30 minutes. Majority of them are aware of Diarrhoea and ARI. The treatment taken was less in proportion: i.e 16% for diarrhoea and 18% for ARI. Private hospital is the major source of treatment. Conclusion: It is suggested to generate awareness to women and family members and sensitise the women and community to generate demand for treatment of these diseases. The Govt should take efforts to improve the quality of services at Govt health facilities.

KEYWORDS : Immunisation, ARI, Gulf of Mannar, child care, breast feeding

Introduction:

Health seeking behaviour of parents for the child is an important factor affecting child health. In terms of illness behaviour, it refers to activities undertaken by individuals in response to symptom experience (Sokhey, 1988). It is influenced by a large number of factors apart from knowledge and awareness (Centers for Disease Control and Prevention, 2009) operating at individual, family and community level, including the bio-social profile of individual, his past experiences, influences at the community level, availability of alternative health-care providers and his perceptions regarding efficiency and quality of the services available. Child mortality rates are terrible and many deaths are due to totally preventable childhood illnesses. Taking preventive measures is determined by various factors such as education, economic status, access to information and service providers. District Level Household Facility survey-4 (2012-2013) conducted in Tamil Nadu reveals that only 15.8 percent of women only aware of danger signs of Acute Respiratory Infections. 59.7 percent of women know what to do when a child gets diarrhoea. The children (12-23 months) received full immunisation is only 56.2 percent. All these indicators are poor in rural areas compared to urban areas. For bringing change in the behaviour of the parents and community, their awareness level on child care practices should be understood in their context. This paper analyses the awareness level of coastal women about child care practices in Gulf of Mannar.

Objective

To study the awareness level of women on child care practices in Gulf of Mannar, Tamil Nadu.

Review of Literature

Dinesh Kumar et al (2008) conducted a study to investigate the knowledge of ever-married women regarding maternal and child health and to assess existing gap between awareness and practice levels of lactating mothers. It was a community based cross sectional study with 283 ever-married women in the reproductive age. The study reveals that low levels of awareness and practice of TT immunization (74.2% awareness, 58.1% practice), five-cleans (31.9% awareness and 14.4% practice), trained birth attendant (69.6% awareness 39.1% practice), and post-natal care (75.4% awareness and 51.0% practice) among lactating mothers. Knowledge regarding optimal infant and young child feeding practices was very poor: initiation of breast-feeding within six hours (17.4%), colostrum feeding (34.8%), exclusive breastfeeding (5.8%) and significant gaps between knowledge and practice were observed. Highly significant difference ($P < 0.001$) between proportions of women aware of ICDS (59.4%) and of beneficiaries (21.7%). High levels of awareness regarding reproduc-

tive health parameters except for contraception: desire for two children (81.6%), legal ages at marriages for girls (84.5%), desired birth interval of three or more years (71.7%). Wide gaps exist between awareness and practices related with MCH due to non-adoption of knowledge into actual practice, except some selected components lacking in both knowledge as well as practice. Need for bridging the existing gaps avoiding socio-cultural barriers and misconceptions prevailing in the community and by promoting and protecting healthy MCH care practices.

N Goel et al (2007) conducted a study to understand knowledge and awareness regarding various aspects of feeding practices in infancy and pregnancy. It was a cross-sectional community based epidemiological study. 253 mothers of medical under-graduate students were selected as respondents. Knowledge about need of extra food (78.7%) and extra iron (78.26%) during pregnancy was found to be quite high. Only 19.76% reported that extra sleep/rest is essential during pregnancy. Only 18.97% respondents had information about the importance of colostrum. Knowledge regarding various aspects of feeding practices during pregnancy and in infants like avoidance of smoking and alcohol, importance of rest in pregnancy and importance of colostrum in infants was lacking in the studied subjects despite high literacy status. Hence the provision of health education for all females is a prerequisite for reduction of morbidity and mortality amongst vulnerable groups of mothers and infants.

Materials and Methods

Data for the present study was collected as part of research study titled "Correlates of Reproductive Morbidity and Health Care Seeking Behaviour among Women in Gulf of Mannar". The study was conducted in 54 coastal villages from Gulf of Mannar in two districts - i.e. Thoothukudi and Ramnathapuram. Descriptive research design was used for the study. 500 currently married women in the age group of 15-49, living with husband and have menstrual periods had been selected randomly. Interview schedule was developed and used as a tool for data collection. Statistical Package for Social Sciences (SPSS) was used for data analysis.

Major Findings

Background Characteristics

Nearly two third of the respondents (65.2%) belongs to Hindu religion and one third belong to Christianity (34.8%). A majority of 97.2% belong to backward class and the rest of 2.8% belong to Scheduled caste / scheduled tribes. Majority of the respondents (87.4%) are literate. A little higher than four fifth (80.4%) of the respondents

are unemployed. 90.4 % of respondents are living in nuclear family. About 81 percent of women are in 18-37 years. The median annual family income of respondent is in Rs 25001-50000. The family income for more than half of the respondents is less than Rs.50000. The standard of living index based on type of house, ownership of house, drinking water supply, distance to drinking water facility, toilet facility, electricity connection to house, fuel for cooking, separate bath room in the house and the availability of house hold items is at low in 36.6 per cent of women, 29.8 per cent at medium and 33.6 per cent at high level. Four- fifths of women (80.8%) are having the membership in social service organization and the remaining 19.2 per cent of women are not members of any social origination.

Awareness about child care

Majority of women are aware of feeding colostrum to the child immediately to birth (95%). Practice of giving sugar water to the child is known to 5 percent of women Table: 1. A little more than three-fourths (76.2%) of women are aware of initiating breast feeding within 30 minutes. Initiation of breast feeding more than 60 minutes is reported by 18 percent of respondents. They reported the reasons such as immunity (49.4%), children growth (31%), children health (10.6%) and nutrition (8%) for initiating early breast feeding.

Table: 1 Distribution of respondent according to the awareness about Breast feeding

Child care – Breast feeding	Number	Per cent
Feeding		
Colostrum	473	94.6
Sugar water	27	5.4
Total	500	100.0
Initiation of breast feeding		
15 minute	8	1.6
30 minute	373	74.6
45 minute	29	5.8
Above 60 minute	90	18.0
Total	500	100.0
Reason		
Children's health	53	10.6
Nutrition	40	8.0
Children's growth	155	31.0
No specific reason	5	1.0
Immunity	247	49.4
Total	500	100.0

Awareness about immunisation

Need for immunisation for children and the coverage of immunisation are enquired with the respondents. Their responses are presented in

their children, treatment and place of treatment

Ill health of children	Knowledge		Experience of ill health for children		Treatment		Place of treatment		
	Yes	No	Yes	No	Yes	No	Govt Hospital	Private Hospital	Home Remedies
Diarrhoea	460 (92.0)	40 (8.0)	185 (37.0)	315 (63.0)	169	16	31 (18.4)	130 (77.3)	9 (5.3)
ARI	411 (82.2)	89 (17.8)	124 (24.8)	376 (75.2)	106	18	20 (18.8)	84 (79.2)	2 (1.8)

Recommendations

Based on the findings of the study, it is suggested to generate awareness to women and family members for initiating early breast feeding and exclusive breast feeding for six month. Age, education, type of family, standard of living and economic status have significant relationship with breast feeding awareness and practice. The treatment seeking behaviour for diarrhoea and ARI is found very poor. Measures should be taken to sensitise the women and community to generate

Table: 2. According to the respondents the immunisation for children is needed for anti-biotic (57.8%) and health reasons (40.6%). Women reported the universal immunisation for children.

Table: 2 Distribution of respondent according to the awareness about need for immunization for children and its coverage

Immunisation for child	Number	Per cent
Need for Immunisation		
Anti-biotic	289	57.8
Health reasons	203	40.6
No specific reasons	8	1.6
Total	500	100.0
Coverage of immunization for all children		
Immunised	500	100
Not immunised	0	0

Knowledge on Diarrhoea, Acute Respiratory Infection and Treatment

Respondents are enquired about their knowledge on diarrhoea, ARI and treatment when children experienced diarrhoea and ARI. Their response is presented in Table: 3. A majority of women (92%) are aware of Diarrhoea and 82.2% of respondents are aware of ARI. A little more than one third of women (37%) reported that their children experienced diarrhoea. One fourth of women (24.8%) reported that their children experienced ARI. Whereas the treatment taken was less in proportion: i.e 16 percent for diarrhoea and 18 percent for ARI. The respondents opted for Private hospital as a major source of treating both ARI (89.2%) and diarrhoea (77.3%) followed by Govt health facilities. The children were also treated at home in 5.3 percent for diarrhoea and 1.8 percent for ARI. The finding implies that treatment seeking behaviour of women and family members needs to be improved more.

Table:3 Distribution of respondents according to their knowledge on diarrhoea and ARI, its occurrence for

erate demand for treatment of these diseases. The study reveals that private hospital is the major source of treatment. The Govt should take efforts to improve the quality of services at Govt health facilities in terms of availability, accessibility, timeliness and affordability.

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