



## IMPACT OF MATERNAL EDUCATION ON CARE SEEKING PATTERN OF SICK CHILDREN

### KEYWORDS

Maternal education, appropriate and prompt care

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### ABSTRACT

Level of maternal education with care seeking attitude of Mother and child health outcomes are inter-related. The study was conducted in department of pediatrics in Jay Kay Lon Mother and Child hospital. Out of 500 mothers only 51.48% illiterate mothers sought prompt and appropriate care for their child as compare to 70.58% among highly educated mothers. Ability to recognize Danger signs appropriately with their knowledge was observed only in 45.21% illiterate mothers, while significantly higher Number i.e. 82.35% of graduate and post-graduate mothers had the ability with knowledge. We concluded that there is strong correlation between maternal education and care of sick child. Any effort by health workers to impart health education to mother resulted in better, prompt and appropriate care seeking for their sick children,

### Introduction-

The influence of maternal education on the health and welfare of children in the developing world is well known and subsequent studies have demonstrated pathways in which low maternal educational attainment is independently associated with a higher risk of infant mortality and poorer child health.<sup>1,2</sup> Poor education and low socio-economic status are linked to reduced child health.<sup>3</sup> Every year 10.5 million children in developing countries die before their 5<sup>th</sup> birthday<sup>4</sup>. Among childhood deaths in developing countries, around 27% result from acute respiratory infection and another 23% from diarrhea<sup>5</sup>. Acute diarrheal disease (ADD) and ARI are the most important causes of morbidity and mortality among the children in India also<sup>6</sup>. In developing countries the majority of the approximately 12 million fatal illnesses that occur each year, among children younger than 5 year, can be prevented or treated effectively by means of simple interventions. More than 25000 under five children die from these illnesses each day.

Factors that contribute to illness are poor living, lack of safe water supply, poor hygiene, overcrowding, and lack of education. The problem is compounded by the poor quality of care provided at the health facilities<sup>5</sup>. Poor socioeconomic conditions such as stress, anxiety and maternal education are significant factors in the cause of preterm births, of which maternal education is the most modifiable.<sup>7</sup> Maternal education has the greatest impact on child health among children aged 0-2, as very young children are particularly sensitive to proper health choices and health related behaviours.<sup>8</sup> Childhood immunizations have poorer uptake rates in the children of women of a lower education and literacy level.<sup>9</sup> Barriers to immunizations, such as access to services, are magnified when the mother has a low literacy level.

Various studies from developing countries have reported that delay in seeking appropriate care and not seeking any care contributes to the large number of child death. Existing intervention could prevent many deaths among children, if they are presented for appropriate and timely care.<sup>10</sup> The WHO estimates that seeking prompt and appropriate care could reduce child deaths due to ARI by

20%.<sup>11</sup> The IMNCI strategy, besides improving provider's skills in managing childhood illness also aims to improve family's care seeking behavior. The health workers are trained to teach the mothers about danger signs and counsel them about the need to seek care promptly, if these signs occur.<sup>12</sup> Appropriate care seeking requires that a parent or caregiver recognize when a child is ill, and of illness needs to be treated outside the home and seeks timely medical care.<sup>13</sup>

### Aims and objectives

To compare the care seeking pattern of sick child in Mothers.

### Material and methods

The study was conducted in The Department of Pediatrics in Jay Kay Lon Mother and Child hospital. About 500 admitted under five children along with their Mothers constituted the study material. Who were surveyed and clinically assessed by means of a pretested questionnaire. Simultaneously mothers were also assessed for their knowledge and ability to recognize the danger signs of childhood illness.

**Prompt and Appropriate care:** Care sought from Medical professionals in Government or Private hospitals/clinics Within 24 hours from the recognition of the illness

### Danger signs<sup>14</sup>

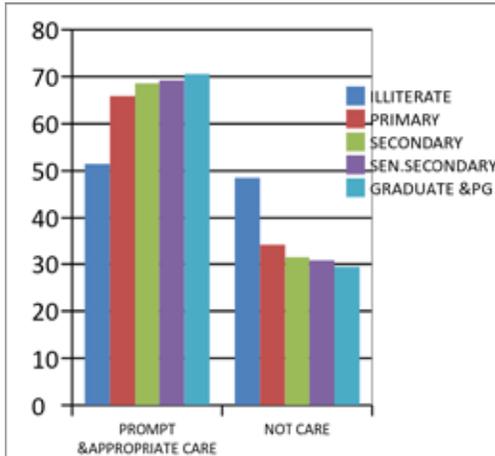
1. child develops fever
2. child becomes sicker
3. child is drinking poorly
4. child is unable to drink or breastfeed
5. child has convulsion
6. child has difficult breathing
7. child has blood in stool
8. child looks pale and swelling on hand and feet

### Result

It was observed that 51.48% of illiterate mother sought prompt and appropriate care, whereas 68.57% of secondary educated and 69.23% of senior secondary educated mothers sought prompt and appropriate care. This difference was also statistically significant ( $p$  value =  $<0.0175$ ).

Table 1.

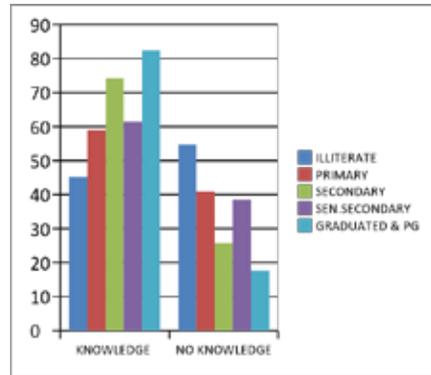
Prompt and appropriate care					Total	Status of mother education
No		Yes				
%	No.	%	No.	%	No.	
48.51	147	51.48	156	60.6%	303	Illiterate
34.09	45	65.90	87	26.4%	132	Primary
31.42	11	68.57	24	7%	35	Secondary
30.76	4	69.23	9	2.6%	13	Sen. secondary
29.41	5	70.58	12	3.4%	17	Graduated and PG



45.21% of illiterate mother had knowledge of danger signs whereas 74.28% of secondary educated mother and 82.35% of postgraduate and graduate had knowledge of danger signs. The relationship between mother's education and knowledge of danger sign in childhood illness was found statistically significant (p value=0.0002).

Table 2.

Knowledge of danger sign					Total	Mother education
No		Yes				
%	No.	%	No.	%	No.	
54.78	166	45.21	137	60.6	303	Illiterate
40.90	54	59.09	78	26.4	132	Primary
25.71	9	74.28	26	7	35	secondary
38.46	5	61.5	8	2.6	13	Sen. secondary
17.64	3	82.35	14	3.4	17	Graduated & PG



Discussion

In the study a significant impact of education of mother on child care during illness was observed. 70.58% highly educated mother sought their sick children for prompt and appropriate care. Chandrasekhar T. et. al.(2005)<sup>15</sup> from Nepal also found that 6.1% of illiterate and primary educated mothers sought prompt and appropriate care whereas 54.5% high school educated mothers sought prompt and appropriate care, (p value =0.002). This observation is consistent with our study. P Van der Stuyft et al (1992)<sup>16</sup> in Guatemala also reported that 31% of literate mother, 21% of illiterate mothers sought prompt and appropriate care, (p value=0.04) : This result was also consistent with our study. Sudharsanam MB et al (2004)<sup>17</sup> in Pondicherry did not find any significant relation in care seeking in relation to mother's education status (p value=0.102). Tafa N and Chimppo N et al (2002)<sup>18</sup> in Nairobi found 59% of mothers with primary education or less, and 64.1% of those with secondary education sought prompt and appropriate care (p value<0.05). The significant relation between care seeking and maternal educational status has been observed, which is consistent with our study.

Conclusion:

We studied care seeking pattern of 500 children (0-5 years age group) and found that the educational status of mother and knowledge of danger signs in mother had significant effect on care seeking. Low maternal education attainment is a major factor in preventing access to health facilities, so policies and strategies must incorporate services and support in order to deliver these facilities to children. Mothers with lower education need to spend greater periods of time with a health visitor after birth and support programmes need to be put in place to help the youngest mothers continue their education. By creating interventions to improve maternal education, such as initiating support programmes, creating early interventions for the groups most at risk and providing a better access to health care, child health can improve and infant mortality rates can reduce.

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