

A Comparative Study of Knowledge and Practice Regarding Child Health Care among the Respondents According to Certain Selected Variables in the Slum Areas of Agra City

Abstract

Multistage random sampling technique was used for selecting the five hundred respondents of both sexes, aged 20-40 years belonging to slum areas of Agra city in the present study. The main aim of the study was to compare the knowledge and practice regarding child health care among the respondents according to certain selected variables in the slum areas of Agra city. Higher knowledge as well as practice regarding child health care among the female respondents aged above 30 years, literate, belonging to joint families and having family monthly income of above Rs. 4000 as compared to their counterparts. Statistically, significant differences in mean scores of knowledge and practice regarding child health care among the respondents according to sex, age, education, family type and family monthly income were observed separately ($p < 0.05$). It can be concluded that sex, age, education, family type and family monthly income of the respondents effected their knowledge and practice regarding child health care.

Keywords: Child Health Care, Variables, Comparative Study

Introduction

Children are the nation's most precious resources. The future of the country depends on their health and well being. Hence the health of young children is a matter of great concern for everyone. Unfortunately this is an area in which our country has been lagging behind despite efforts being made by the government and private agencies. The health status of Indian children continues to be deplorable as compared to their counterparts from the western world.

Many of those who survive never reach their full potential because of crippling diseases or malnutrition, adverse environmental conditions and poverty. These children do not die of any exotic or grave illnesses but due to common diseases like diarrhoea and respiratory tract infections or diseases which can be easily prevented by immunization. Unfortunately, only 35-40% children can be considered to have received complete immunization coverage. Malnutrition is another contributory factor as it leads to infections which in turn increase energy demand and decrease food intake and absorption.

One of the major determinants of this deplorable state of affairs seems to be poor socio-educational status of women in our country. Mother and child are considered as a single unit for all practical purposes as the young child is totally dependent on his mother for all his physical and emotional needs.

The remarkable difference in the knowledge level regarding various health care practices especially those related to children among women were observed. Several factors appear to influence the awareness and practices of child health care among women in slum areas. Of the socio-economic and demographic characteristics of the family, i.e. sex, education, occupation, type of family and monthly income etc. seem to influence the awareness practices towards child health care of the slum women.

As large portion of population lives in slum areas, the awareness and practices of slum people are extremely important in shaping the health status. Considering these facts in mind, the present paper entitled "A

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comparative study of knowledge and practice regarding child health care among the respondents according to certain selected variables in the slum areas of Agra city” was undertaken with the following objective :

Objective of the Study

To compare the knowledge and practice regarding child health care among the respondents according to certain selected variables in the slum areas of Agra city.

Methodology

The multistage stratified random sampling techniques was used to select the five hundred

respondents of both sexes, aged 15 - 40 years belonging to slum areas of Agra city. Required information regarding socio-economic and demographic characteristics and knowledge and practices towards child health care were obtained from the selected respondents on the self-structured and pre-tested schedule in the present study.

Result and Discussion

The obtained data were classified, tabulated, analysed statistically, presented in the tables given below for drawing valid conclusions and were discussed in light of the work conducted previously.

Table - 1: Mean Scores of Knowledge and Practice Regarding Child Health Care According to Sex of the Respondents

| Child Health Care | Sex of the Respondents | | | | Statistical Values | |
|-------------------|------------------------|------|----------------|-------|--------------------|-------|
| | Male (n=352) | | Female (n=148) | | | |
| | Mean | SD | Mean | SD | t | p |
| Knowledge | 43.68 | 4.48 | 57.48 | 3.18 | 33.893 | <0.05 |
| Practices | 88.85 | 5.80 | 110.40 | 27.56 | 13.954 | <0.05 |

The mean scores of knowledge and practice regarding child health care among the selected respondents according to their sex were recorded, analysed and presented in the above table-1. Test of significance (t-test) was used for drawing valid conclusion. The mean scores of knowledge (57.48) and Practices (110.40) regarding child health care

were found significantly higher among the female subjects as compared to male subjects respectively. Similar finding i.e. higher knowledge and practices regarding child health care were more in female as compared to male respondents, as reported by Sharma, Uma (2003).

Table - 2: Mean Scores of Knowledge and Practice Regarding Child Health Care According to age of the Respondents

| Child Health Care | Age of the Respondents in Years | | | | Statistical Values | |
|-------------------|---------------------------------|------|------------------|-------|--------------------|-------|
| | Below 30 (n=325) | | Above 30 (n=175) | | | |
| | Mean | SD | Mean | SD | t | p |
| Knowledge | 43.71 | 5.08 | 55.24 | 5.18 | 24.840 | <0.05 |
| Practices | 89.06 | 7.79 | 106.69 | 25.91 | 11.351 | <0.05 |

Above table-2 reveals the mean scores of knowledge and practice regarding child health care according to age of the respondents. The mean score of knowledge (55.24) regarding child health care was found significantly more among the respondents aged above 30 years as compared to respondents aged below 30 years. Similarly the mean score of practices (106.69) regarding child health care was also found significantly more among the respondents aged above 30 years as compared to respondents aged below 30

years respectively. Similar findings were also observed in the study conducted by Zaho and Xie et.al. (2007), as they stated that higher knowledge and practices regarding child care practice were more in higher age respondents as compared to younger age respondents. Muthayya (2009) on the other hand reported that the age of mother does not influence her adoption of proper health care practices to any significant degree.

Table - 3: Mean Scores of Knowledge and Practice Regarding Child Health Care According to Educational Status of the Respondents

| Child Health Care | Sex of the Respondents | | | | Statistical Values | |
|-------------------|------------------------|------|------------------|-------|--------------------|-------|
| | Illiterate (n=238) | | Literate (n=262) | | | |
| | Mean | SD | Mean | SD | t | p |
| Knowledge | 42.19 | 4.59 | 52.79 | 5.92 | 22.216 | <0.05 |
| Practices | 87.53 | 5.28 | 102.23 | 23.03 | 9.620 | <0.05 |

The knowledge and practice regarding child health care were obtained among the respondents according to their educational status. The mean scores of knowledge (52.79) as well as practice (102.39) regarding child health care were observed better among the literate respondents as compared to their counterparts. The differences in mean scores of knowledge and practice were significant separately (p<0.05). Hosami and Sunderswami (2002) reported a similar significant influence of educational attainment

on various issues related to health care. Kabir, however, reported in 2003 that mothers literacy status did not influence knowledge and practice towards child health care. The study conducted by Srivastava and Sinha (2004) also supported the findings of the present study as they stated that literate respondents had higher knowledge and practice towards child health care as compared to illiterate respondents. The study conducted by Shenrunikar (2012) also reported significant differences in knowledge regarding child

health care between educated and uneducated women.

Table - 4: Mean Scores of Knowledge and Practice Regarding Child Health Care According to Family Type of the Respondents

| Child Health Care | Family Type of the Respondents | | | | Statistical Values | |
|-------------------|--------------------------------|------|---------------|-------|--------------------|-------|
| | Nuclear (n=256) | | Joint (n=244) | | | |
| | Mean | SD | Mean | SD | t | p |
| Knowledge | 42.66 | 4.81 | 53.08 | 5.98 | 21.517 | <0.05 |
| Practices | 88.04 | 5.89 | 102.77 | 23.66 | 9.652 | <0.05 |

The mean scores of knowledge and practice regarding child health care among the selected respondents according to their family type and value of t-test were calculated, analysed and depicted in the above table-4. The mean scores of knowledge (53.08) and practices (102.77) regarding child health care were found significantly more among the respondents belonging to joint families as compared to respondents belonging to nuclear families separately ($p < 0.05$).

Family type is an important factor in determining the knowledge and practice towards child health care. Brown (2006) reported in his study that the respondents of nuclear families had a significant association with knowledge and practice of child health care. But contrary finding reported by Aruna et.al. (2001) that women in joint families had a better knowledge level as compared to their nuclear families counterparts.

Table - 5: Mean Scores of Knowledge and Practice Regarding Child Health Care According to Family Monthly Income of the Respondents

| Child Health Care | Family Monthly Income of the Respondents in | | | | Statistical Values | |
|-------------------|---|------|------------------------|-------|--------------------|-------|
| | Below Rs. 4000 (n=186) | | Above Rs. 4000 (n=314) | | | |
| | Mean | SD | Mean | SD | t | p |
| Knowledge | 41.40 | 4.86 | 51.51 | 6.23 | 18.975 | <0.05 |
| Practices | 86.84 | 5.11 | 100.20 | 14.52 | 12.112 | <0.05 |

Above table-5 express the mean scores of knowledge and practice regarding child health care according to family monthly income of the respondents. The mean scores of knowledge (51.51) and practices (100.20) regarding child health care were found significantly more among the respondents belonging to families having monthly income of above Rs. 4000 as compared to their counterparts separately. The increasing income of the respondents increased the knowledge more rapidly in comparison to practices towards health care as observed by the investigator during the collection of data, might be the cause of such results.

Conclusion

It is clearly observed that significance difference in the knowledge and practices regarding child health care which was observed among the various group classified on the basis of socio-economic demographic and other characteristics of the respondents. Thus, these factors influence the knowledge & practices regarding child health care among the respondent's knowledge and practices regarding child health care were positively correlated. This indicates that the knowledge influences the practices regarding child health care of the respondents & visa – versa

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