Association between Physical Health Status with selected factors

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Abstract

A study to determine the physical health status of children between the age of three to five years and its association with selected factors, was conducted in a village of Udipi district of Karnataka state in 1998. The objectives of the study were to assess the physical health status of children between the age of three and five years, to identify the selected factors under study like employment status of parents, age of parents, educational status of parents, birth order of the child, number of siblings of the child, gender of the child, child care arrangements and socio-economic status of parents. Though there are many other studies showing the association between the physical health status of the children and education of the mother, employment status of the mother etc. very few studies related to the above factors were done in South India. Keeping this in mind the investigator decided to explore on this area.

Research Methodology

A co-relational survey approach was used for the study. The study hypothesized that there will be an association between the PHS of children and, employment status of parents, age of parents, education of parents, gender of the child, birth order of the child, number of siblings of the child, child care arrangements and socio-economic status of parents at 0.05 level of significance.

Purposive sampling technique was used for selection of the sample elements. A significant association was observed between the physical health status of the children and the employment status of the mother [chi square = 4.003; p< 0.05], and no significant association was found between physical health status and age of parents, educational status of parents, birth order of the child, number of siblings of the child, gender of the child, child care arrangements and socio-economic status of parents.

Introduction

The physical health of the child may be affected by various factors i.e., physical and psychosocial development with the presence or absence of parents, age of parents, education and employment of parents, child care arrangements, birth order of the child, number of siblings and socio-economic status of the parents. Most of the fathers (40%) and mothers (46%) had primary education (1-7th std). Majority (78%) of the samples belonged to lower socio-economic status.

Further the data revealed that majority (57%) of the samples were male children. 45% were first born and 56% had only one sibling, majority (61%) were taken care of outside home mainly in anganwadis.

Discussion

The present study revealed the association between the physical health status of children and the employment status of mother, this supports the findings of the study done by Younghill (1993) that maternal employment attitude/behaviour consistency was a significant predictor of psychomotor and physical development of the child.

Kaplan (1992) studied the age of the mother for child rearing and care. It was found that younger mothers tend to be more concerned with the health care facility use than older mothers, and younger mothers often report their child to be sickly than do older mothers. In the present study there was no association found between the age of the mothers and the health status of the child.

There were no available studies showing the association of children’s health status and father’s age, as it was not seen in the present study too.

Sethurathnam (1987) concluded in his study that the literacy status of the mother had influenced the risk of death of baby both during infancy and childhood days. In the present study there was no association found between the health status of the child and mother’s educational status.

The study done by Arya (1991) revealed that the children of literate mothers had better anthropometric measurements than children of the illiterate mother. The findings were not similar in the present study.

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THE NURSING JOURNAL OF INDIA
The study by Miller (1981) reviewed the socio cultural and historical influences on sex differentials in north India, in matters of nutrition, food intake, morbidity and mortality. In India cultural patterns dictate the greater worth of males as both heirs and producers. With the results of the present study it is concluded that gender does not make any difference in the health status.

Bijur (1988) conducted a study on childhood accidents, family size and birth order of children. The analysis suggest that living in a house hold with three or more children during the preschool period increases the child's risk of experiencing accidents that result in hospitalization. In contrast to this in the present study, there was no association between the number of siblings of the child to physical health status of the child.

The study conducted by Kaplan (1992) revealed that the first born children get more attention and care and their health status was taken care of more than the other children. The present study is in contrast to this finding.

Johnson (1988) revealed that the larger the group in which the children receive care, the more days per year they spend in bed due to illness. The findings were dissimilar with the findings of the present study.

Qamar (1990) conducted a study on physical growth in school girls and its relationship to socio economic status. The results of this study revealed that the girls from lower socio economic status were significantly smaller in every physical measurements compared to upper socio economic status girls. In contrast to this in the present study there was no significant association found between the health status of the children and the socio economic status.

Conclusion

Association between the physical health status of children and employment status of mother show that, there was a significant association between them (chi square = 4.003). Therefore it can be concluded that the children whose mother's were unemployed had a good health status compared to the other group.

The investigator recommends similar studies to be replicated on a larger sample in various areas.

References


Reader's View

No words in any language can adequately express my grief over the passing away of our dearest, great National Leader in Nursing, Miss T.K. Adranvala to her heavenly abode on 29th November 2000.

I had seen Miss T.K. Adranvala with late Mrs. Raj Kumari Anrik Kaur, the then Minister for Health, Government of India a few times. They were very close to each other and were like sisters. Miss T.K. Adranvala used to bring the Honourable Minister to meet the TNM council members and council meetings.

It is said, when people saw child Krishna lying on mountain like Putana, after he was made to suck poisoned milk of Putana, the Rakshasi. Many women desired to have a child like Krishna, young girls wished to get a husband like him. boys liked to have his friendship etc. I am sure those who had the opportunity to see Miss T.K. Adranvala at work either in Government of India or in TNM, had desired to emulate some of her qualities. A few most probably had desired to have a sister, friend, mother or a boss like her.

Miss T.K. Adranvala was blessed with great Medha Shakti by Devi Saraswati, wealth of beauty by Devi Lakshmi, and congenital, attractive and a strong personality by Goddess Durgaparameshwari.

As a former TNM Council Member and Vice President, I state without any hesitation that the prestige of TNM had risen to the zenith when Miss T.K. Adranvala was the President.

With affection and great respect I offer my Pranam to Miss Adranvala's Chaitanya (Soul) with prayers.

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(Mr. Prabhu has donated Rs. 6,000 towards Miss Adranvala's Scholarship Fund as a gesture of gratitude to her)