Original Article

Child Care Practice of Mother of below Five Years Children in a Selected Semi Urban Area of Bangladesh

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Abstract

Background: *Early childhood care plays an important role in children's development and provides a valuable support to young children. High quality child care can have a positive influence on children's development.* ***Objective:*** *To find out the child care practices among the mothers of below five year children in a semi urban area of Bangladesh and to find its association with some important demographic variables.* ***Materials and method:*** *This descriptive type of cross-sectional study was conducted among 440 respondents who were selected purposively at Purba Chandra, Shafipur Upazilla, Gazipur in Bangladesh in January, 2016. A pre-designed semi structured questionnaire was used to collect data by face to face interview.* ***Results:*** *Majority of the respondents (72.05%) were within the age group of 16-25 years. About 25% (111) children were within 0-12 months of age. Among the respondents 280 (63.64%) were housewives and 141 (32.05%) were garment workers. Maximum mother (72.73%) herself took care of their children and only 86 (19.54%) were cared by their grandmother/father. Majority of the children (87.05%) took colostrum as their first food, 164 (37.27%) children were breast fed up to age of 13-24 months and 302 (68.64%) children received exclusive breast feeding up to 6 months. Most of the children (92.95%) were vaccinated as per EPI schedule. Among them 283 (64.32%) children suffered from disease in last 3 months and 225 (79.51%) took treatment for their illness. Among them 83 (36.89%) took treatment from quack and only 76 (33.78%) children took treatment from private doctor.* ***Conclusion:*** *In this study, most of the mothers did not complete their secondary education and had a lack of knowledge of child rearing practice. This study provided a vivid picture of the child care practice among mothers and could help to the concerned authority in their policy making and planning to alleviate the problem.*

Keywords: *Child rearing/caring; colostrum; exclusive breastfeeding; EPI schedule.*

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Introduction

Early childhood care plays an important role in children's development and provides a valuable support to young children. High quality child care can have a positive influence on children's development.[1] Adequate nutrition is a basic right, but globally it remains unmet for many

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under-five-year old children. This has resulted in over 200 million of children with malnutrition in developing countries, and contributes to more than half of the twelve million deaths of under five year old children that occur each year.[2] UNICEF estimated that 190 million under-five-year old children in developing countries are chronically malnourished and are trapped early in life in patterns of poor health and development.[3] Proper feeding practices during infancy are essential for attaining and maintaining proper nutrition, health, and development of infants and children.[4] As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional needs, infants should receive safe and nutritionally adequate complementary foods while breastfeeding continues for up to two years of age or beyond.[5] Viewed globally, vaccines are the most cost-effective medical intervention to prevent death and disease Moreover, pediatric immunization programmes have eradicated many of the infectious diseases of childhood and have been one of the most remarkable public health accomplishments in the history of medicine.[6] Parent education interventions have improved parenting practices and child development.[7-9] Poor sanitation practices have dire health impacts. Diarrhoea, typhoid and other diseases are spread by bacteria in faeces. Diarrhoea and respiratory disease - the combined leading causes of childhood mortality globally and in Bangladesh - are common amongst rural children.[10] Improved parental education, particularly of mothers, is related to reduced fertility and improved child survival, health, nutrition, cognition, and education.[11-13]

Bangladesh is a developing country having 2.1% growth rate with the infant and under 5 children mortality of 56 and 77 respectively.[14] In low income countries young children are exposed to multiple developmental risk factors including poverty, malnutrition, poor stimulation at home, and lack of care that adversely affect the ability to reach their developmental potential.[15] The initial breast feeding is often delayed, with less than one in four infants (24%), only 42% of infants aged less than six months are exclusively breast fed because other liquids and complementary foods are given too early. Complementary feeding can also begin too late, almost one-third (29%) of children aged 6-9 months do not receive any solid or semi-solid foods. Anaemia affects 49% of under-five-year old children reflecting poor dietary intake of micronutrients and 34% of school age children are iodine deficient due to inadequate coverage of adequately iodized household salt.[16] Diseases that are preventable through immunization still remain a major public health problem in many developing countries. In the developing world, more than 3 million children still die annually from measles, neonatal tetanus, and pertussis, while more than a quarter of a million children are crippled by poliomyelitis.[17] Vaccines provide protection to the individual who receives the vaccine, as well as the community by the prevention and reduction of the spread of the disease (herd immunity).[18] Children's development is affected by psychosocial and biological factors and by genetic inheritance. Poverty and its associated problems are major risk factors. The first few years of life are particularly important because vital development occurs in all domains. The brain develops rapidly through neurogenesis.[19-25]

The finding may indicate the need of proper education and awareness about child care practice especially under five among mothers. This vital issue plays an important role in achieving MDG-4.

Materials and method

It was a descriptive type of cross sectional study which was conducted in selected semi-urban area of Purba Chandra, Shafipur Upazilla, Gazipur

with a view to find out the child care practices among the mothers of below five year children in a semi urban area of Bangladesh and to find its association with some important demographic variables. A total of 440 mothers were selected purposively. A pre-tested semi structured questionnaire was used for collection of data. The data were presented in simple frequency distribution tables.

Results

Table I shows socio-demographic characteristics of the respondents. Most of the children (111; 25.23%) were within the age group of 0-12 months. Most of the children were male (232; 52.73%) and remaining were female (208; 47.27%). Most of the respondents (317; 72.05%) were within the age group of 16-25 years. Most of the respondents (176; 40%) had secondary level of education followed by primary level of education (159; 36.14%). Most of the respondents were Muslim (414; 94.09%) followed by Hindu (26; 5.91%). Regarding occupation, most of the respondents (280; 63.64%) were housewives followed by garment workers (141; 32.05%). The mean monthly family income of the respondents was Tk. 16704.32. Most of the respondents (249; 56.59%) had monthly family income ranging from Tk. 5001-15000. Most of the respondents (419; 95.23%) had 1-3 children and most of them (328; 74.55%) had ≤4 family members.

Table II shows that most of the respondents (241; 54.77%) had their delivery at home followed by hospital (194; 44.09%). Most of them (304; 69.09%) took plan before their conception. Majority of children were cared by their mother herself (320; 72.73%). Majority of the respondents (213; 48.41%) had spent time for their children on an average 19-24 hours and the children took bath by their mother (328; 74.55%) then followed by grandmother (83; 18.86%).

Table I: Distribution of the respondents by socio-demographic characteristics (N=440)

Variables	Frequency	%
Age of child (Months)		
0-12	111	25.23
13-24	89	20.23
25-36	62	14.09
37-48	80	18.18
49-60	98	22.27
Age of the respondents (Year)		
≤15	2	0.45
16-25	317	72.05
26-35	113	25.68
36-45	8	1.82
Education		
Illiterate	47	10.68
Primary	159	36.14
Secondary	176	40.00
Higher secondary	42	9.54
Other	16	3.64
Religion		
Muslim	414	94.09
Hindu	26	5.91
Occupation		
Housewife	280	63.64
Garment worker	141	32.04
Day-laborer	00	00.00
Maid	00	00.00
Other	19	4.32
Monthly Family Income (Tk.)		
≤5000	18	4.09
5001-15000	249	56.59
15001-25000	130	29.54
25001-35000	20	4.55
35001-45000	8	1.82
45001-55000	7	1.59
≥55001	8	1.82
Number of children		
1-3	419	95.23
4-6	21	4.77
Number of family member		
≤4	328	74.55
5-9	105	23.86
≥10	7	1.59

In our study, most of the respondents (393; 89.32%) gave colostrum to their baby and 383 children (87.05%) took it as their first food just after birth. Majority of the children (22; 46.80%) were not given colostrum due to inadequate breast milk, working mother and sickness of mother followed by advised by the elders (12; 25.53%). Regarding Children's present food habit, most of the children (271) had the habit of eating rice followed by egg/fish/meat (261) and then khichuri (227). Majority of the children (164; 37.27%) were breast fed up to the age of 13-24 months

followed by age of ≤6 months (99; 22.50%). Regarding duration of exclusive breast feeding, majority of the children (302; 68.64%) were only breast fed up to age of ≤6 months followed by age of 7-12 months (110; 25%).

Table II: Distribution of the respondents by their information about child rearing (N=440)

Variables	Frequency	%
Place of child birth		
Home	241	54.77
Hospital	194	44.09
Other	05	01.14
Planning of conception		
Yes	304	69.09
No	136	30.91
By whom children were cared		
Mother herself	320	72.73
Grandfather/mother	86	19.54
Father	4	0.91
Uncle/Aunt	10	2.27
Maid	4	0.91
Others	16	3.64
Time spent for their children (hr)		
≤6	47	10.68
7-12	114	25.91
13-18	66	15.00
19-24	213	48.41
Pattern of first food intake by the child		
Colostrum	383	87.05
Honey	24	5.45
Sugar mixed water	18	4.09
Water	4	0.91
Others	11	2.50
Feeding of colostrum		
Yes	393	89.32
No	47	10.68
Reasons of not giving colostrum (n=47)		
Colostrum is bad for newborn	2	4.26
Does not know the importance of colostrums	9	19.15
Religious taboo	2	4.26
As advised by the elders	12	25.53
Others (Inadequate breast milk, Working mother, Sickness of mother)	22	46.80
Breast feeding up to which age time (month)		
≤6	99	22.50
7 -12	86	19.55
13 -24	164	37.27
25 -36	82	18.63
≥37	9	2.05
Duration of exclusive breast feeding (month)		
< 6	302	68.64
7-12	110	25.00
13-24	21	4.77
<25	7	1.59
Vaccination status of the children		
Yes	409	92.95
No	31	7.05
Causes of not giving vaccines (n=31)		
Don't know the immunization schedule	10	32.26
Vaccination centre not nearby	11	35.48
Others	10	32.26
Completion of vaccination schedule (n=409)		
Yes	283	69.19
No	126	30.81
Reason behind incomplete vaccination (n=126)		
Sickness of the children due to vaccination	02	01.59
Forgotten about immunization schedule	31	24.60
Loosing of immunization card	18	14.29
Service was not available during next dose	54	42.86
Sickness of children during that immunization Schedule	01	00.79
Others	20	15.87
Any kind of illness in last 3 months		
Yes	283	64.32
No	157	35.68
Taking treatment for their illness		
Yes	225	79.51
No	58	20.49
Place of taking treatment		
Medical College Hospital	16	7.11
Health Centre	38	16.89
Private Doctor	76	33.78
Quack	83	36.89
Others	12	5.33

In our study, we found that most of the children (409; 92.95%) were vaccinated. Among 31 respondents, majority of the children (11; 35.48%) were not given vaccines because the vaccination centre was not nearby. Majority of the respondents (283; 69.19%) completed the vaccination schedule of their child and only 126 (30.81%) did not. Among 126 children, majority of the children (54; 42.86%) did not complete vaccination schedule because service was not available during next dose then followed by forgotten about immunization schedule (31; 24.60%).

Majority of the children (283; 64.32%) suffered from disease in last 3 months. Among the sufferers, majority of the children (225; 79.51%) took treatment for their illness and maximum of them (83; 36.89%) took treatment from quacks then followed by private doctor (76; 33.78%).

Discussion

This study was conducted among 440 respondents, residing in the village Purba Chandra, Gazipur in Bangladesh to determine child care practice among the mother of below five year child in a semi urban area of Bangladesh. The

majority of the respondents (72.05%) were in 16-25 age groups. A study conducted among the women of the South-West region of Bangladesh revealed that majority of the mothers in that region belonged to 20-24 years of age group,[26] which is similar to our study. Among the mothers 40% had completed their secondary level of education, 36.14% had completed their primary level of education and 10.91% were illiterate. Another study shows that, 15% of mothers in the rural and urban region of Bangladesh were illiterate, 44% were primary passed and 29% secondary passed.[27]

The maximum monthly income of family was Tk 100000 whereas majority of the respondents (56.59%) had monthly family income ranging from Tk 5001-15000 followed by Tk 15001-25000 (29.54%). In South West region of Bangladesh, 60% of pregnant women had family income Tk <5000, 20% had family income in Tk 5000-8000 range and 13.25% had family income in Tk 8000-10000 range while only 6% had family income Tk >10000, which differ from our study.[26] Our study showed almost all the respondents (95%) have l-3 children and remaining has 4-6 children. Average number of family member was 4 but as per Bangladesh bureau of statistics, population and housing census 2011, average family size in rural Bangladesh was 4.[28,29]

Most of the respondents had their delivery at home (54.77%) followed by hospital (44.09%) and majority of children were cared by their mother herself (72.73%). The majority of births in rural Bangladesh are carried out in unhygienic conditions by relatives and traditional birth attendants (TBAs). These results showed that high incidence of maternal and infant mortality of Bangladesh that could be reduced if childbirth took place in health centers or under the supervision of skilled TBAs.[29] As per EPI fact sheet 2013, only 31% delivery was conducted by skilled birth attendants.[30]

This study showed almost all the children were vaccinated (92.95%) and majority of them completed their vaccination schedule (69.19%). As per EPI fact sheet Bangladesh 2013 out of 64 districts, all districts had >80% coverage for DPT-Hib-HepB3 and 33 (52%) districts had > 90% coverage for MCV1 (measles containing vaccine 1st dose).[36] The reasons for not giving vaccines are vaccination centers were not nearby (48%) and didn't know the immunization schedule (32.26%).

Conclusion

This cross sectional type of descriptive study describes some selective child rearing practice among the children below 5 years in a semi urban area of Bangladesh. In this study we also observed that the colostrum was first food in majority cases given to the children just after birth. Feeding practices, especially breast feeding is an issue that needs to be addressed to bring about a substantial improvement in child health and appropriate awareness is needed to decrease the mortality and morbidity of the children. Regarding the immunization, introduction of vaccination were good. In case of many children, there was incomplete vaccination which is a great issue regarding the health of the children. Immunization is a great issue for child health. Completing EPI schedule play a vital role in decreasing the morbidity and mortality rate of children. Awareness campaigns of childcare practice of under-five should be promoted using media such as pamphlets in local language, radio and television. Female education has top priority in the Government policy in Bangladesh but it is yet to reach its fulfillment. Government should take adequate steps to develop policies and deploy necessary workforce to ensure the child care practice of under-five at door to door to reduce the child mortality and morbidity.

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