



RESEARCH ARTICLE

A DESCRIPTIVE STUDY ON DETERMINANTS OF HEALTH CARE SERVICES UTILIZATION FOR CHILDHOOD ILLNESS AMONG MOTHERS OF UNDER FIVE CHILDREN IN A SELECTED VILLAGES OF MOGA

Manpreet Kaur¹ and Rajwinder Kaur²

1. Department Child Health Nursing.
2. Bhai Ghanaiya Ekta College of Nursing Dharamkot, Moga.

Manuscript Info

Manuscript History

Received: 30 November 2022

Final Accepted: 31 December 2022

Published: January 2023

Key words:-

Health Care Services, Childhood Illness, Mother, Children

Abstract

The children, who are the age of 5 years or less than five years, are called as under five children's. They are more prone to possess 'health problems as they have a less immunity to fight against the diseases. Children are major consumers of health care. In India, about 35% of total population is children below 15 years of age. They are not only large in number but vulnerable to various health problems and considered as special risk group. Majority of childhood sickness and death are preventable by simple low-cost measures. Disease patterns and management of childhood illness are different than that of adult. Children always need special care to survive and thrive. As said by Karl Meninger, "What is done to children, they will do to the society." Children are the Wealth of Tomorrow. The aim of the study was to depend On Determinants of Health Care Services Utilization for Childhood Illness among mothers of under five children In a Selected Villages of Moga. The research design selected for the study was non-experimental descriptive survey design in nature. The study was done at village Wareh. Total 50 samples were taken for the study to assess the Determinants of Health Care Services Utilization for Childhood Illness. Self Structured questionnaire used for data collection. In this study, as there was some significant association at P (<0.05) there was some association between the demographic variables and Determinants of Health Care Services Utilization for Childhood Illness among mothers of under five children.

Copy Right, IJAR, 2023,. All rights reserved.

Introduction:-

"Health and cheerfulness naturally beget each other."

- JOSEPH ADDISON

"Children are the wealth of tomorrow; Take care of them if you wish to have a strong India, Ever ready to meet various challenges"

...P.NEHRU

The children, who are the age of 5 years or less than five years, are called as under five children's. They are more prone to possess 'health problems as they have a less immunity to fight against the diseases.

Children are major consumers of health care. In India, about 35% of total population is children below 15 years of age. They are not only large in number but vulnerable to various health problems and considered as special risk group. Majority of childhood sickness and death are preventable by simple low-cost measures. Disease patterns and management of childhood illness are different than that of adult. Children always need special care to survive and thrive. As said by Karl Meninger, "What is done to children, they will do to the society." Children are the Wealth of Tomorrow.

The childhood period is vital because of socialization process by the transmission of attitude, customs, and behavior through the influence of the family and community. Maternal health, family health, socio-economic situation, environment factors affect the child health. Maternal health is a major determinant of child health. The healthy mother brings forth a healthy baby with better chance of survival. Child's health is greatly depending upon family health; it depends upon physical, social, environmental, lifestyle, culture, customs, etc.

National health policy for children and implementation of various health programs for improvement of child health are great achievement for children. Government and non Government organizations, political commitment and special budgetary allocation for child health activities, international guidance by WHO, UNICEF and other child welfare organizations for improvement of child health.

Under-five age group is vulnerable and special risk group constituting major portion of total population with high death rate. The important cause of morbidity and mortality of this group are mainly, ARI, Diarrhea, Neonatal and Perinatal diseases, Infection and Accidents. These conditions are mostly preventable with adequate health care. This group also needs regular monitoring for growth and development. For these reasons the under-five age group children are provided with special health care through these clinical services. Under-five children suffer from various problems are- low birth baby, malnutrition, infections and parasitic infestations, behavioral disorders.

Health institutions are saying that up to one-third of total pediatrics admissions are due to diarrheal diseases and it is a major public health problem among children under the age of five years. Acute respiratory infections (ARI) are another major cause of death. Hospital records show that up to 13% of Inpatient death is due to ARI. The common medical conditions found in the pediatric units are mainly Meningitis, Encephalitis, Typhoid Fever, Tuberculosis and Malaria.

The health of children depends partially on their access to health care services. Despite the improved health care for Ghanaian children in this century as a result of reduction in the spread of infectious and contagious diseases, recent economic and social changes have called attention to new challenges to child's health care and the need for health services. Changes in family structure, geographic mobility, and economic well-being have placed many children in need of health services resulting from conditions relating to hunger, poor housing conditions, violence, and neglect.

According to Ghana Demographic and Health Survey (2008) report, 78% of children ages 6–59 months are anemic, 28% stunting and 90.6% fully immunized by card. Since many outbreaks of infectious diseases in the Western world have been blamed on incomplete immunization coverage, we can assume that childhood immunization programs help protect against infectious diseases. Research evaluating the relative importance of factors that cause incomplete immunization coverage, including socioeconomic factors, parental awareness, health care provider practices, and inadequate health education and communication, has important policy implications.

Objectives:-

- To assess the Determinants of Health Care Services Utilization for Childhood Illness in a Selected Villages of Moga.
- To find out the association of Determinants of Health Care Services Utilization for Childhood Illness with their selected socio-demographic variables

Methodology:-

Variables under study

Research variables

Health care utilization for child hood illness.

Demographic variable:- Age of mother, education of mother, occupation of father, occupation of mother, family income, dietary pattern, locality, and religion.

Research Approach:

Research approach indicates the basic procedure for conducting research. The choice of the appropriate approach depends on the purpose of the study. In this present study the researcher used a quantitative research approach.

Research design:

According to Sharma .k the research design is a plan of how, when, and where data are to be collected and analyzed. A descriptive design was adopted for the study on Determinants of Health Care Services Utilization for Childhood Illness among mothers of under five children.

Setting Of Study:

The study was conducted in Wareh village. From which 50 under five mothers are eligible for research study. The village is managed by panchayat raj. The population is nearly about 1000. In the village two Gurudwara Sahib, one mandir, one primary school, anganwadi, PHC and CHC.

Population:

Target population-Under five mothers.

Accessible population –Under five mothers who are present in village Wareh.

Sample:-

Sample is small proportion of the population selected for observation. The sample for the study is considered of mothers of under five children.

Sample Size:

The sample size for the present study was 50.

Criteria:-**Inclusion Criteria:-**

- Mothers who are willing to participate.
- Mothers who are able to understand English and Punjabi language.
- Mothers who have under five children only.

Exclusion Criteria:-

- Mothers who are not willing to participate.
- Mothers who are not able to understand English and Punjabi language.
- Mothers who have not under five children.

Sampling Technique:

Purposive sampling technique was used.

Validity:-

The content validity was obtained by reviewing related literature and consulting subject expert from the field of Nursing. Suggestion and corrections from the experts was included in the tool.

Data Collection Tools

Collection is the gathering of information needed to address a research problem.

Tools are the procedures or instruments used by the researcher to collect data.

The following tool was used in the study.

Structured questionnaire is used to assess the determinants of health care services utilization for childhood illness among mothers of under five children.

Description Of Tool:

Tool used for data collection in this study will be consisting of two sections:-

SECTION –A Demographic variables.

SECTION-B Self Structured tool

Organization And Presentation Of Data

The data collected from the mothers of under five children are organized and presented under the following sections: This chapter deals with the discretion of the sample, analysis and interpretation of data collected and the achievement of the objective of the study. The collected data was tabulator and presented as follows;

Section 1: Distribution of samples according to the socio-demographic variables.

Section 2: Distribution of samples according to the frequency and percentage of self structured questionnaire.

Section 3: Association between of Determinants of Health Care Services Utilization for Childhood Illness with their selected socio-demographic variables.

Section 1: Distribution of samples according to the socio-demographic variables.

Table 4.1:- Frequency and percentage distribution of samples according to demographic variables (n=50).

S.No	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	Age of mother(In year)		
	21-25	21	42%
	26-30	20	40%
	31-35	9	18%
	36 and above	0	0%
2	Education of Mother		
	Illiterate	8	16%
	Primary	13	26%
	Secondary	21	42%
	Graduate	6	12%
	Post Graduate	2	4%
3	Occupation of Father		
	Un Employee	5	10%
	Self Employee	4	8%
	Private Employee	10	20%
	Government Employee	1	2%
	Agriculture	30	60%
4	Occupation of Mother		
	Un Employee	45	90%
	Self Employee	0	0%
	Private Employee	4	8%
	Government Employee	1	2%
5	Family Income per Month		
	<5000/-	30	60%
	5001-10000/-	17	34%
	10001-15000/-	2	4%
	15001 and above	1	2%
6	Dietary Pattern		
	Vegetarian	36	72%
	Non Vegetarian	14	28%
7	Locality		
	Rural	48	96%
	Urban	2	4%
	Slums	0	0%
8	Religion		
	Sikh	49	98%
	Hindu	1	2%
	Muslim	0	0%
	Christian	0	0%

Section 2: Distribution of samples according to the frequency and percentage of self structured questioner.

Table 4.2.1:- Frequency and percentage distribution of samples accords to question No. 1(Is Immunization done for your baby? (n=50)

S.No	Demographic Variables	IMMUNIZATION DONE					
		Fully immunized		Partial immunized		Not immunized	
1	Age Of Mother	f	%	f	%	f	%
	21-25	18	36%	2	4%	0	0%
	26-30	20	40%	1	2%	0	0%
	31-35	7	14%	2	4%	0	0%
	36 And Above	0	0%	0	0%	0	0%
2	Education of mother						
	Illiterate	6	12%	1	2%	0	0%
	Primary	11	22%	2	4%	0	0%
	Secondary	22	44%	0	0%	0	0%
	Graduate	4	8%	2	4%	0	-%
	Post Graduate	2	4%	0	0%	0	0%
3	Occupation Of Father						
	Un Employee	4	8%	1	2%	0	0%
	Self Employee	4	8%	0	0%	0	0%
	Private Employee	7	14%	2	4%	0	0%
	Government Employee	1	2%	0	0%	0	0%
	Agriculture	29	58%	2	4%	0	0%
4	Occupation Of Mother						
	Un Employee	41	82%	4	8%	0	0%
	Self Employee	0	0%	0	0%	0	0%
	Private Employee	2	4%	1	2%	0	0%
	Government Employee	2	4%	0	0%	0	0%
5	Family Income Per Month						
	<5000/-	26	52%	4	8%	0	0%
	5001- 10000/-	16	32%	1	2%	0	0%
	10001 – 15000/-	2	4%	0	0%	0	0%
	15001 And Above	1	2%	0	0%	0	0%
6	Dietary Pattern						
	Vegetarian	32	64%	4	8%	0	0%
	Non Vegetarian	13	26%	1	2%	0	0%
7	Locality						
	Rural	43	86%	5	10%	0	0%
	Urban	2	4%	0	0%	0	0%
	Slums	0	0%	0	0%	0	0%
8	Religion						
	Sikh	44	88%	5	10%	0	0%
	Hindu	1	2%	0	0%	0	0%
	Muslim	0	0%	0	0%	0	0%
	Christian	0	0%	0	0%	0	0%

Section 3: Association between of Determinants of Health Care Services Utilization for Childhood Illness with their selected socio-demographic variables.

Table 4.3.1:- Association between the demographic variables and Determinants of Health Care Services Utilization for Childhood Illness. (n=50)

S.No	Demographic Variables	IMMUNIZATION DONE			Chi Square
		Fully	Partially	Not	
1	Age Of Mother				
	21-25	18	2	0	2.134

	26-30	20	1	0	df-2 NS	
	31-35	7	2	0		
	36 And Above	0	0	0		
2	Education Of Mother					
	Illiterate	6	1	0	6.858 df-4 NS	
	Primary	11	2	0		
	Secondary	22	0	0		
	Graduate	4	2	0		
	Post Graduate	2	0	0		
3	Occupation Of Father					
	Un Employee	4	1	0	3.038 df-4 NS	
	Self Employee	4	0	0		
	Private Employee	7	2	0		
	Government Employee	1	0	0		
	Agriculture	29	2	0		
4	Occupation Of Mother					
	Un Employee	41	4	0	2.098 df-2 NS	
	Self Employee	0	0	0		
	Private Employee	2	1	0		
	Government Employee	2	0	0		
5	Family Income Per Month					
	<5000/-	26	4	0	1.024 df -3 NS	
	5001- 10000/-	16	1	0		
	10001 – 15000/-	2	0	0		
	15001 And Above	1	0	0		
6	Dietary Pattern					0.176
	Vegetarian	32	4	0	df-1	
	Non Vegetarian	13	1	0	NS	
7	Locality					0.231
	Rural	43	5	0	df-1	
	Urban	2	0	0	NS	
	Slums	0	0	0		
8	Religion					0.113
	Sikh	44	5	0	df-1	
	Hindu	1	0	0	NS	
	Muslim	0	0	0		
	Christian	0	0	0		

NS= Nil Significant, S= Significant, ,*=P<0.1, **=P<0.05, ***=P<0.0001

The major findings of the study

1. Majority 21(42%) of the 21-25 years of age in the sample.
2. Majority 21(42%) were in secondary education.
3. Majority 30(60%) were belongs to agriculture occupation of father.
4. Majority 45(90%) were belongs to Un Employee occupation of mother.
5. Majority 30(60%) belongs <5000/- family income.
6. Majority 36(72%) were belongs to the vegetarian category.
7. Majority 48(96%) were belongs to rural area.
8. Majority 49(98%) were belongs to Sikh religion.

Discussion:-

1. In this chapter an attempt has been made to discuss the finding of the study in accordance with objectives pertaining to research problem.
2. A Descriptive Study on Determinants of Health Care Services Utilization for Childhood Illness among mothers of under five children In Selected Villages of Moga.

3. **The tool used for data collection of 2 parts.**
4. **PART-1:-** Demographic variables.
5. **PART-2:-** Self structured knowledge questionnaire regarding determinants of health care services utilization for childhood illness among mothers of under five children.

❖ **The first objective of the study was to assess the Determinants of Health Care Services Utilization for Childhood Illness.**

- ❖ With regard to age 21(42%) of sample were between the 21-25years age group .20(40%) were the age group 26-30 years. 9(18%) were between the age group of 31-35 years. and age group. There were no one >36 years of age.
- ❖ With regard to educational status 8(16%) were illiterate, 13(26%) were under the primary, 21(42%) were comes under secondary education, 6(12%) were graduate and 2(4%) were post graduate people.
- ❖ With regard to occupation of father 5(10%) of an employee, 4(8%) were self employee, 10(20%) were private employee, 1(2%) were Government employee, 30(60%) were occupied by agriculture.
- ❖ With regard to occupation of mother 45 (90%) of UN employee, 4(8%) were private employee, 1(2%) were government employee. There was no self employee in study.
- ❖ With regard to Income status 30(60%) were under<Rs.5000, 17(34 %) were between the income status of Rs.5001-Rs.10, 000, 2(4%) were between the income status of Rs.10, 001-Rs.15, 000, 1(2%) were >Rs.15000.
- ❖ With regard to Dietary Pattern 36(72%) were vegetarian and 14(28%) were non-vegetarian.
- ❖ With regard to locality 48(96%) were rural area, 2(4%) were urban area. There were no in slum area in study.
- ❖ With Regard to religion 49(98%) were Sikh people .1(2%) were Hindu..There were no Muslim and Christian in study.
- ❖ The result of the present study states that the Determinants of Health Care Services Utilization for Childhood illness. Overall, the result of the Determinants of Health Care Services Utilization for Childhood illness among mothers of under five children.

❖ **The second objective of the study was to find out the association of Determinants of Health Care Services Utilization for Childhood Illness with their selected socio-demographic variables**

- ❖ Chi-Square analysis was done to find out association between level of knowledge regarding Health Care Services Utilization for Childhood illness and their demographic variables.
- ❖ In this study, as there was some significant association at P (<0.05) there was some association between the demographic variables and Health Care Services Utilization.
- ❖ The association between level of knowledge and their selected demographic variables. Their some significant between gender, age group, residence, marital status, type of family , socio economic status, education, year of study, mode of primary education and source of information.
- ❖ The Chi-2.134, Df-2 and not significant of question number-1 with demographic variable age of mother. The Chi-6.858, Df-4 and not significant of question number-1 with demographic variable education of mother. The Chi-3.038, Df-4 and not significant of question number-1 with demographic variable occupation of father. The Chi-2.098, Df-2 and not significant of question number-1 with demographic variable occupation of mother. The Chi-1.024, Df-3 and not significant of question number-1 with demographic variable family income. The Chi-0.176, Df-1 and not significant of question number-1 with demographic variable dietary pattern. The Chi-0.231, Df-1 and not significant of question number-1 with
- ❖ demographic variable locality. The Chi-0.113, Df-1 and not significant of question number-1 with demographic variable religion.
- ❖ The Chi-12.635, Df-8 and not significant of question number-2 with demographic variable age of mother. The Chi-19.322, Df-16 and not significant of question number-2 with demographic variable education of mother. The Chi-17.569, Df-16 and not significant of question number-2with demographic variable occupation of father. The Chi-2.381, Df-8 and not significant of question number-2 with demographic variable occupation of mother. The Chi--6.786, Df-12 and not significant of question number-2 with demographic variable family income. The Chi-5.498, Df-4 and not significant of question number-2 with demographic variable dietary pattern. The Chi-0.892, Df-4 and not significant of question number-2 with demographic variable locality. The Chi-50.000, Df-4 and significant of question number-2 with demographic variable religion
- ❖ The Chi-4.780, Df-6 and not significant of question number-3 with demographic variable age of mother. The Chi-19.149, Df-12 and not significant of question number-3 with demographic variable education of mother. The Chi-8.348, Df-12 and not significant of question number-3with demographic variable occupation of father. The Chi-7.650, Df-6 and not significant of question number-3with demographic variable occupation of mother.

- The Chi--11.361, Df-9 and not significant of question number-3 with demographic variable family income. The Chi-5.570, Df-3 and not significant of question number-3 with demographic variable dietary pattern. The Chi-2.445, Df-3 and not significant of question number-3 with demographic variable locality. The Chi-1.980, Df-3 and not significant of question number-3 with demographic variable religion
- ❖ The Chi-3.403, Df-6 and not significant of question number-4 with demographic variable age of mother. The Chi-16.618, Df-12 and not significant of question number-4 with demographic variable education of mother. The Chi-8.131, Df-12 and not significant of question number-4 with demographic variable occupation of father. The Chi-2.381 Df-6 and not significant of question number-4 with demographic variable occupation of mother. The Chi--4.384, Df-9 and not significant of question number-4 with demographic variable family income. The Chi-1.680, Df-3 and not significant of question number-4 with demographic variable dietary pattern. The Chi-0.892, Df-3 and not significant of question number-4 with demographic variable locality. The Chi-4.648, Df-3 and not significant of question number-4 with demographic variable religion
 - ❖ The Chi-1.195, Df-2 and not significant of question number-5 with demographic variable age of mother. The Chi-3.195, Df-4 and not significant of question number-5 with demographic variable education of mother. The Chi-6.847, Df-4 and not significant of question number-5 with demographic variable occupation of father. The Chi-0.858 Df-2 and not significant of question number-5 with demographic variable occupation of mother. The Chi--3.728, Df-3 and not significant of question number-5 with demographic variable family income. The Chi-9.222, Df-1 and significant of question number-5 with demographic variable dietary pattern. The Chi-1.276, Df-1 and not significant of question number-5 with demographic variable locality. The Chi-1.664, Df-1 and not significant of question number-5 with demographic variable religion
 - ❖ The Chi-3.766, Df-8 and not significant of question number-6 with demographic variable age of mother. The Chi-22.301, Df-16 and not significant of question number-6 with demographic variable education of mother. The Chi-14.058, Df-16 and not significant of question number-6 with demographic variable occupation of father. The Chi-11.122 Df-8 and not significant of question number-6 with demographic variable occupation of mother. The Chi--15.989, Df-12 and not significant of question number-6 with demographic variable family income. The Chi-4.808, Df-4 and not significant of question number-6 with demographic variable dietary pattern. The Chi-3.399, Df-4 and not significant of question number-6 with demographic variable locality. The Chi-4.648, Df-4 and not significant of question number-6 with demographic variable religion.
 - ❖ The Chi-4.952, Df-8 and not significant of question number-7 with demographic variable age of mother. The Chi-12.664, Df-16 and not significant of question number-7 with demographic variable education of mother. The Chi-19.408, Df-16 and not significant of question number-7 with demographic variable occupation of father. The Chi-3.574 Df-8 and not significant of question number-7 with demographic variable occupation of mother. The Chi--7.884, Df-12 and not significant of question number-7 with demographic variable family income. The Chi-9.856, Df-4 and significant of question number-7 with demographic variable dietary pattern. The Chi-3.125, Df-4 and not significant of question number-7 with demographic variable locality. The Chi-3.617, Df-4 and not significant of question number-7 with demographic variable religion.
 - ❖ The Chi-2.056, Df-8 and not significant of question number-8 with demographic variable age of mother. The Chi-30.901, Df-16 and significant of question number-8 with demographic variable education of mother. The Chi-14.087, Df-16 and not significant of question number-8 with demographic variable occupation of father. The Chi-27.096, Df-8 and significant of question number-8 with demographic variable occupation of mother. The Chi--9.589, Df-12 and not significant of question number-8 with demographic variable family income. The Chi-1.459, Df-4 and not significant of question number-8 with demographic variable dietary pattern. The Chi-5.357, Df-4 and not significant of question number-8 with demographic variable locality. The Chi-6.268, Df-4 and not significant of question number-8 with demographic variable religion.
 - ❖ The Chi-1.009, Df-2 and not significant of question number-9 with demographic variable age of mother. The Chi-2.128, Df-4 and not significant of question number-9 with demographic variable education of mother. The Chi-3.765, Df-4 and not significant of question number-9 with demographic variable occupation of father. The Chi-0.581, Df-2 and not significant of question number-9 with demographic variable occupation of mother. The Chi--0.736, Df-3 and not significant of question number-9 with demographic variable family income. The Chi-10.355, Df-1 and significant of question number-9 with demographic variable dietary pattern. The Chi-0.339, Df-1 and not significant of question number-9 with demographic variable locality. The Chi-0.166, Df-1 and not significant of question number-9 with demographic variable religion.
 - ❖ **H:-** The hypothesis is only accepted in question no.2 with religion, question no.5 with dietary pattern, question no.7 with dietary pattern, question no. 8 with education of mother and occupation of mother, question no. 9 with dietary pattern and rejected in others.

Implications to Nursing Practice

1. Nurse should be equipped with update knowledge determinants of health care services utilization for childhood illness. So that they would be to impart appropriate knowledge to mothers of under five children regarding health care services utilization.
2. Nurse should organize health education campaign for the community people about health care services utilization for childhood illness.
3. Nurse should use wide variety of intervention to promote and provide knowledge and it will be important for practicing nurse to evaluate their intervention.
4. Nursing practice in the community should focus on educating mothers regarding health care services utilization.
5. Nurse need to take up the responsibility to create awareness on health care services utilization for childhood illness.

Recommendation:-

Based on the findings of the present study the following recommendations are made:

1. The study can be replicated using a large sample to validate the findings and make generalizations.
2. Similar study can be conducted on different population in different villages to improve the knowledge regarding health care services utilization.
3. A similar study can be done via using other teaching strategies i.e. Video teaching, comic, pamphlets, caste etc.
4. A longitudinal study can be conducted to evaluate the outcome of the health status of under five children
5. A survey can be done to assess Determinants of Health Care Services Utilization for Childhood Illness among mothers of under five children.
6. A descriptive study can be conducted to assess the Determinants Of Health Care Services Utilization For Childhood Illness among mothers of under five children.
7. Knowledge of health workers can be studied, as they are responsible for primary health care.

Conclusion:-

The present study on determinants of health care services utilization for childhood illness among mothers of under five children.

References:-

1. **PARK.K.** "Essential of community health nursing", M/S Banarsidas Bhanot publishers, 2008.
2. **SHARMA SURESH K.** "Nursing research and statistics" Elsevier publisher, 2013.
3. **SHARMA RIMPLE,** "Essential of pediatric nursing", Jaypee publishers, 2013.
4. **DATTA PARUL,** "Pediatric nursing", Jaypee publisher, 2010.
5. **GULANI K.K.,** "Text book of community Health Nursing, Principles and Practice. New Delhi: Kumar publishing house; 2012
6. European Scientific Journal February 2013 edition vol.9, No.6 ISSN: 1857 – 7881 (Print) e - ISSN 1857-7431
7. International Journal for Equity in Health 2009, **8**:8 doi: 10.1186/1475-9276-8-8
8. Journal of Sustainable Development Department of Economics, University of Ghana, P. O. Box LG57, Legon, Accra, Ghana
9. Tagbo BN U l eanya ND Nwokoye IC, Eze JC, Omotowo IB Institute of Child Health, University of Nigeria Teaching Hospital. Ituku-Ozalla Enugu, Nigeria
10. IOSR Journal Of Humanities And Social Science (IOSR-JHSS) Volume 14, Issue 3(Ju - Aug. 2013), PP 52-59.
11. PLOS ONE | www.plosone.org 1 December 2012 | Volume 7 | Issue 12 | e51904
12. International Journal for Quality in Health Care, 2015, 27(2), 79–88doi: 10.1093/intqhc/mzu103
13. Dwumoh et al. Archives of Public Health 2014, 72:42
14. <http://www.archpublichealth.com/content/72/1/42>
15. Walsh A, Edwards H, Fraser J, Institute of Health and Biomedical Innovatio, Queensland university of Technology, Brisbane, Queensland, Australia, Br J Gen pract, 2003 Feb;53(487);130-2
16. Michael A, Costello, LauroC.Llenoadnb Eric R.Jensson, Asia-pacific research reports (9) August, 1996, east-west centre, program on population.
17. TALANI p, Samba G, Moyon G, Article in French bull SocPatholExot. 2002 Mar; 95(1)47-9.
18. Neemisha Jain, R. Lodha, S.K. Kabra, India Journal of pediatrics Vol. 68 Pg.No. 1135-113.

19. Gupta N, Jain SK. Ratnesh, Chawla V., Venkatesh S., an evaluation of diarrheal diseases and acute respiratory infections control programmes in Delhi Slum, division of reproductive health and nutrition, Indian council of medical research, Newdelhi, Indian journal pediatric, 2007 May P.471-476.
20. Cecilia Bukutre, Christophe Le, SunitaVohra, Complementary, Holistic and integrative medicine, Amerian academy of pediatrics, 2008, P e66 - e71.
21. Bossert E, Hart D. A cross sectional study on National Immunization survey (NIS) which was designed to measure vaccination coverage estimates for the states of United State American Journal of Paediatric Nursing 1994; 23(1):33-4.