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RESEARCH ARTICLE

MORBIDITY PROFILE AND RISK FACTORS AMONG UNDER-FIVES AND HEALTH CARE SEEKING BEHAVIOURS OFTHEIR PARENTS

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Abstract

The present study investigated the morbidity profile and its risk factors amongunder-fivesand the health care seeking behavioursof their parents in a selectedPanchayat,Ernakulam.Theobjectivesofthestudyweretoassessthe morbidityprofileand its risk factors among under-fives and health care seeking behaviours of parentsand to find the association between morbidity and selected demographic variables andselectedriskfactors.Across-sectionalcommunity-baseddescriptivesurveydesignwasemployed.Thesamplewereselectedusingconveniencesamplingtechnique.Thetoolsweremorbidityprofileassessmentchecklist,riskfactorassessmentchecklistandhealthcare seeking behaviour checklist tool. The findings showed that 81% children hadmorbidityand19%hadnomorbidity.Themost commonmorbidconditionswerecoldand running nose (76%),followed by cough (73%),fever (64%) and hand foot andmouth disease(8%).With regard to a risk factors leading to morbidity, 27% were notgiven exclusive breast feeding, 25% did not start complimentary feeding at the end ofsix months, 14% did not wash their hands before feeding the children, 28% had nofamily history of respiratory tract infection, 20% had no proper ventilation at home,34% had no proper waste disposal, 67% were exposed to passive smoking, 52% ofchildrenweregoingtoAnganwadiand4%hadcongenitaldisorders.Present studyalsoshowsthat52%ofmothersreliedonallopathicsectorandequalpercentage(12%)usedAyurvedaandprevious medicationand14%madeuseofhomeremedyduringdiseaseconditions of their children. The findings also showed that there was no associationbetweenmorbidityandselecteddemographicvariables.Thefindingsshowedtherewasassociation between morbidity and using boiled water for drinking (p = 0.038), familyhistoryofrespiratory infections(p=0.05),child goingto day-care/Anganwadi.

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Introduction:-

Research Problem

Astudytoassessthemorbidityprofileanditsriskfactorsamongunder-fivesandhealthcareseekingbehaviorsoftheirparentsinaselectedPanchayat,Ernakulam.

Objectives of the study:-

1. Toassessthemorbidityprofileofunder -fivesina selectedPanchayat.
2. Todeterminetheassociatedriskfactorsofmorbidityprofileofunder-fives.
3. Toassessthehealthcareseekingbehaviorsamongparentsofunder-fivesfortheirchildren.
4. Tofindtheassociationbetweenmorbidityofunder-fivesandselecteddemographicvariables.
5. Tofindtheassociationbetweenmorbidityanditsriskfactorsamongunder-fives

Assumptions

The study assumes that

1. under-fives aremorepronetoillness.
2. severalriskfactorscontributeto morbidity
3. majorityofmothersmayhaveappropriatehealthcareseekingbehaviours.

Methodology:-

Research Approach:

Quantitative non- experimental research approach.

Research Design :

Descriptive survey design

Research Setting:

Selected wards of Cheranellore Panchayat

Target populationAll mothers of under-fives who are residing in CheranellorePanchayat.

Accessible population:

All mothers of under-fives in selected wards of CheranellorePanchayatavailableduring the data collection period.

Sampling technique:

Non-probability convenience sampling technique

Sample Size:

100

Variables under study

Research variables:

The research variables in this study are morbidity profile ofunder-fives,riskfactorsofmorbidityamongunder-fives,healthcareseekingbehavioursofparents ofunder-fivesfortheirchildren.

Demographic variables:

ageofthemother,educationstatusofthemother,occupationof the mother, marital status, type of the family, family income per month, age andgenderofthechild,birth order, andmaturity status of child atbirth

Validity of the Tool:

5 experts

Reliability:

Reliability of the tool was tested by administering the tool to 10 subjects. The reliability coefficient of the Tool 1 and 2 was found to be 0.95 which was tested by split half method which suggested that the tool was reliable. The scales have always had good to very strong internal reliability.

Description of the Tool

Tool –1 :Section A – Socio demographic proforma
Section B – Morbidityprofileassessmentchecklist
Tool-2:Section A -Risk factor assessment checklist
SectionB:Nutritionalstatusassessmentscale
Tool 3 : Health care seeking behaviour checklist

Plan for data analysis:

The data obtained were analysed using descriptive and inferential statistics on the basis of objectives.

Major findings of the study

Objective1:To assessthemorbidityprofileamong under-fives.

1. Outof100 sample, 81%hadmorbidity and 19%had no morbidity.
2. Regardingtheoccurrenceofchiefmorbidconditions,coldandrunningnoseoccurred in 76%, 73% of children suffered from cough, 64% suffered fromfever and 8%had theoccurrenceofhandfootandmouth disease.
3. Outof100under-fives,73%sufferedfromcough,Regardingtheoccurrenceofcold and runningnose76%sufferedby the diseasecondition.
4. Regarding the presence of watery stool, 11% of children suffered by thecondition,Regardingthepresenceofbloodinstool,3%hadthepresenceofconditionand tenpercentageof children had vomiting.
5. Sixty-fourpercentagesuffered fromfeverand5% hadfebrileconvulsions.
6. Among100under-fives,6%hadskindiseasesand wateringfrom eyes.
7. Consideringthepresenceofearpain,9%hadearpain,1%ofchildrenhadeardischarges.
8. Regardingcommunicablediseases1%ofchildren hadmeaslesand8%hadhand,foot and mouth disease.

Objective2:Todetermine theassociatedriskfactors ofmorbidity

1. Amongunderfivechildren27%didn't receiveexclusivebreastfeeding,25%didn't receive complimentary feeding at 6 months of age and one percentageofchildren werenotreceived boiled water fordrinking.
2. Amongmothersofunder-fives86%washedtheirhandsbeforefeedingfoodand14%didn'twashhandsbeforefeedingfoodtotheir children.
3. Among under five children 72% had family history of respiratory infectionand 28% had no family history of respiratory infection. Among sample 80%hadproperventilationand 20%had no proper ventilation at home.
4. Among sample 34% had no proper waste disposal facility and 67% wereexposedto passive smoking.
5. Among under-fives 52% of children are going to Anganwadi, 4% childrenhadcongenital disordersandall wereimmunizedup to age.

Objective3:Toassessthe healthcareseekingbehavioursof theirparents

Among100sample,52%reliedonallopathicsector,14%wereusedpreviousmedication and an equal percentage (12%) made use of Ayurveda and homeremedyfortheir childrenduring sicknessperiod.

Objective 4: To find the association between morbidity of under-fives andselecteddemographic variables.

Chi square value computed between morbidity and age of the mothers (χ^2value=0.910,pvalue=0.634)educationstatusofthemothers((χ^2value =3.143, p value=0.678) occupation(χ^2 value =3.057, p value=0.217), type offamily(χ^2 value =0.523, p value=0.470), family income(χ^2 value =1.165, pvalue=0.558),gender of the child (χ^2 value =3.540, p value=0.060), birthorder(χ^2value=5.299,pvalue=0.072),andmaturitystatusatbirth(χ^2value =0.023,pvalue=0.881),werenotstatisticallysignificantat0.05levelandnullhypothesis is accepted and is interpreted as there is no association betweenmorbidityand selected demographic variables.

Objective5:Associationofmorbidityprofileandrisk factors

1. Chi square value computed between morbidity and boiled water for drinking (χ^2value=4.306,pvalue=0.038),familyhistoryofrespiratoryinfection(χ^2value
2. =3.553, p value=0.05), child going to day care or Anganwadi (χ^2 value =9.750, pvalue=0.002)werestatisticallysignificantat0.05levelandtheresearchhypothesisisaccepted.
3. Therewasnoassociationbetweenmorbidityandexclusive breastfeeding,(χ^2value=0.421,p=.516) Complimentary feeding (χ^2value=0.022,p=0.883), washinghandsbeforefeedingfood(χ^2value=0.969,p=0.325),properventilationathome(χ^2value=0.585,p=0.44),

proper waste disposal facility (χ^2value=0.084,p=0.771),exposure to passive smoking(χ^2value=0.157,p=0.692), congenital disorders(χ^2value=0.097,p=0.755) as the Chi square value computed were not statisticallysignificantat 0.05 level and the nullhypothesis isaccepted.

Limitations of the study :

1. Morbiditymaybeunreportedduetorecallbiasormothermaynotconsidertheepisodeas significant enough to be reported.
2. Nolaboratoryexaminationwasdonetodiagnosemicronutrientdeficienciesinchildren.
3. Nutritionalstatus assessmentwas doneonly basedon the weight ofthechild.
4. Findingscannotbegeneralizedasthestudywasconductedinasinglesettingandthesamplewas selected usingnon-probability conveniencesamplingmethod.

Recommendations:-

Onthebasisofthefindings itis recommendedthat

1. A similar study can be conducted on large sample which may help to draw moredefinitiveconclusions.
2. Underfive children shouldreceivethehighestpriority.
3. Specific health promotional, preventive and curative services should be providedtoreducethe under-fivesmorbidity and mortality.
4. A comparative study can be conducted between the mothers of urban and ruralcommunitiesto determinethevariations according totheareaofliving.
5. Continuing medical education of health professional with emphasis on their rolenot only in management but also in the administration of preventive should becarriedout periodically
6. A study that includes awareness programmes on morbidity and its risk factorsamongchildren can bedonein community andhospital settings formother

Conclusion:-

The following were the conclusion of the study, 81% had morbidity and 19%had no morbidity. About the risk factors exclusive breast feeding were not givenby 27%, complimentary feeding was not given by 25%, 1% did not drink boiledwater for drinking, 14% didn't wash their hands before feeding the child, 28%had family history of respiratory infection, 20% had no proper ventilation athome, 34% had no proper waste disposal facility, 67% were exposed to passivesmoking,52%ofchildrenweregoingtoAnganwadi,4%hadcongenitaldisordersand 100% were immunized up to age. The findings showed that thereis no association between morbidity and selected sociodemographic variables.The study findings revealed that there is an association between morbidity andboiled water for drinking, family history of respiratory infection, child going todaycare/Anganwadi.Thestudyconcludedthatitisimportanttodetecttheillnessinunder-fivesearly,todeterminetheriskfactorsresponsibleforthoseconditionsanddeterminetheproperhealthseekingbehavioursofmothersofunder-fivesfortheirchildren so thequality of lifecan beimporved.

References:-

1. Giri VC, Dhage VR, Zodpey SP, Ughade SN, Biranjan JR. Prevalence andpattern of childhood morbidity in a tribal area of Maharashtra.IJPH.2008;52(4)
2. Beli PC, Bustreo F, Preker A. Investing in children's health Bull WorldHealthOrgan.2005;83(10)
3. Ukey UU. Morbidity profile of preschool children in an urban slumarea.IndianMedical Gazette.2012
4. KhalidM,KumariK,SinghV.Morbidityprofileofpreschoolchildrenfrombelowpoverty linefamily ofLucknow,India.Int J.2014;2(11)
5. Vyas S, Kandpal SD, Semwal J, Deepshikha. Morbidity profile and associatedriskfactors in arural areaof Dehradun.JCDR.2014;8(8)
6. Srivastva DK, Jain P, Kumar S, Gour N, Bansal M.Morbidity profile of underfivechildren inurban slumareaof Etawahdistrict.IJCH.2012;24(2)
7. http://data.unicef.Mortality.org
8. Globalandregionestimatesforchildmalnutrition,WHOglobal database.
9. Nationalfamilyhealthsurvey-3
10. Nationalfamilyhealthsurvey-4Kerala report
11. http://www.WHO.int/gho/childhealth/mortality/under-five
12. Nayak RK, Walvekar PR, Mallapur MD.Morbidity profile of under-fivechildrenresidinginrural areaofNorthKarnataka.IJPM.2013;1(1)

13. Raja RV, Rubini MS, Hemalatha K. Prevalence and determinants of morbidityamongunderfivechildreninrural areaof Tamilnadu.IJIMS.20116.