



Research Article

PERCEPTION OF KASHMIRI RURAL WOMEN (BENEFICIARIES FROM ANGANWADI CENTERS) REGARDING CHILD HEALTH AND DISCIPLINARY TECHNIQUES USED FOR YOUNG CHILDREN IN DISTRICT BUDGAM OF KASHMIR REGION

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Abstract- Childcare is mostly the responsibility of mothers. Therefore, the mother's knowledge about childcare influences the nature and quality of care that is given to the child, it has also been revealed that the mothers' education has a positive impact on their knowledge and practice in child health matters. As far as immunizations is concerned today millions of children still do not have access to basic immunization and die from diseases that can be prevented by available vaccines. Mother's knowledge, attitude and practices play a major role in achieving complete immunization before first birthday of the child. Keeping in view the above facts present study was undertaken to assess the knowledge of women beneficiaries (Nursing mothers, pregnant women and mothers of child beneficiaries (age 6months-3 years) of Integrated Child Development Services (ICDS) centers of district Budgam, Kashmir. A sample of 600 women beneficiaries which included 300 nursing mothers (NMs) and pregnant women (PW) and 300 mothers of child beneficiaries (MCBs) was selected from four blocks of district Budgam. The tool used for collecting information was Interview schedule. The results of the study revealed that the respondents were aware of vaccination of children although they did not remember the sequence and the newly introduced vaccines. However, for another minor ailment majority preferred to consult doctor. As far as disciplinary techniques are concerned some percentage of mothers still prefer physical punishment, but the majority manage by frightening or threatening the children. Therefore, strategies to increase full awareness among the beneficiaries regarding child health and the suitable disciplinary techniques for young children a well-planned intervention is needed.

Key words- Child health, Immunization, Knowledge, and Women

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Introduction

All the child's physical and psychological needs must be met by one or more people who understand what are the basic Requirement of infants, and what this baby, in particular, wants. The child's growth, in all aspects of health and personhood, depends on the capacity of adults, in whose care the child rests, to understand, perceive and respond to the child's bids for assistance and support. In order to help a child, grow properly physically and mentally it is the duty of the mother or so called caregiver to take care of their children so as to appraise whether the child is hungry, tired, needs toileting, or is becoming sick. Responsive caregivers are able to make these judgments because they monitor the child's movements, expressions, color, temperature, and the like. During the course of care and supervisions mothers can always be able to adjust their own actions to achieve an optimum outcome – for example, to comfort the child when he is uncomfortable or fidgety, put the child to sleep, and encourage the child to feed when ill. Furthermore, it is the duty of mothers to help their infants and children to bear the brunt of complications caused due to challenging conditions, including low birth weight and illness, by providing them special attention and care [1]. Similarly, for keeping the children healthy immunization is a proven tool for controlling and eliminating life-threatening infectious diseases. Childhood vaccination prevents illness and provides protection against many diseases. The cost of immunizing a

child with “basic” coverage against tuberculosis, polio, diphtheria, tetanus, Pertussis, and measles very low or even free of cost [2]. Mothers and teachers are in a unique position to educate children and to ensure they receive the necessary immunizations to stay healthy. In order for mothers and teachers to promote best health practices, they must be educated about health information themselves [3]. The knowledge of mothers is an important factor for better immunization coverage. Less knowledge affects decision-making regarding immunization. A Cross sectional study was done among mothers of under five children attending the OPD of pediatrics in a tertiary care hospital in Kollam, Kerala. It was revealed that 93.8% of mothers knew that vaccines are beneficial for their child. 58% were aware about the side effects of few vaccines. 50% of mothers believed that as polio is eradicated from India, there is no need to give polio vaccine. 35% of mothers acquired knowledge regarding immunization through health workers. All of them had knowledge about polio vaccine but only half of them knew about rotavirus vaccine. 60% mothers believed that multiple vaccines are beneficial although 26% hold their view that it has no benefit at all. 39.5% of mothers had adequate knowledge about immunization. It was positively associated with education, working class and high socio-economic status of mothers. However, many of them had no knowledge about optional vaccines. There was a need to improve knowledge regarding immunization among general population. Adequate

information about completing the schedule and correct knowledge about optional vaccines was required to be given to mothers. [4]. In a study it was assessed that Immunization has saved the lives of more children than any other medical intervention in the last 50 years. Vaccines are safe, simple and one of the most cost-effective ways to save and improve the lives of children. It has also been observed that most of the mothers of under five children were having better knowledge about various vaccines important for growing children, excepting knowledge related Hib vaccine and rotavirus vaccine [5]. As far as post immunization discomfort is concerned it has been found by some of the researchers shows that mothers had the knowledge regarding fever as the side effect of vaccination and they gave Syrup Paracetamol for it [6].

Likewise, fever is a common childhood problem and is one of the commonest reasons parents bring their children for medical attention. It is estimated to be the primary complaint for as many as one third of all Pediatric consultations in general practice [7,8]. It has been observed by some of the researchers that mothers measured their children's body temperature by touching their forehead, while 21 (13.9%) used thermometer. Commonest action taken when there was fever was to administer Paracetamol (107 (70.9%). Commonest identified complication of fever was convulsion 86(67.7%). Parents and caregivers see fever as a useful indicator of whether a child is seriously ill and commence treatment at home 6 before presentation in the hospital. This practice is [9,10] common in Nigeria and in other malaria endemic 9-10 countries in Africa. For instance, in a study in Nigeria, 85.7% of children were reportedly treated at home prior to consultation in a health facility [11]. As far as health and care is concerned discipline is also an important factor to maintain child's health by making a child aware of his mistakes and making him understand i.e., Discipline, which is the process of teaching children the values and normative behaviors of their society [12]. A distinction has been drawn between power-assertive disciplinary methods (i.e. physical punishment, threats or withdrawal of privileges), love-withdrawal disciplinary methods (i.e. withholding attention, affection or approval, or expressing disappointment or disapproval) and inductive discipline strategies (i.e. reasoning, reminding children of rules and explaining the impact of children's behavior on others). Inductive discipline has been found to be more effective in terms of promoting children's internalization of moral and social values [13]. Holden further draws a distinction between discipline and punishment; highlighting the important role that discipline plays in emphasizing instruction about what is valuable and the consequences of actions [14,15]. Furthermore, it has been found that corporal or physical punishment as 'an action taken by a parent, teacher or caregiver is intended to cause physical pain or discomfort to a child. It is the application of punishment to the body.

Objectives

The present research was undertaken with following objectives.

- To study the extent of knowledge among sample women beneficiaries of ICDS belonging to rural areas of district Budgam regarding child health and disciplinary techniques used for young children.
- To compare the knowledge level related to child health and disciplinary techniques used for young among woman beneficiaries across groups (Pregnant woman, Lactating mothers and mothers of child beneficiaries).

Methodology

The sample comprised of 600 registered women beneficiaries of AWCs out of which 150 were nursing mothers, 150 were pregnant women and 300 were mothers of child beneficiaries (age group 6months-3years). Data was collected in the year 2011 from January 2011-June 2011.

The Sample

The sample has been drawn from Kashmir; an area affected by armed conflict has been selected for this study. Among the districts, Budgam has been selected for the study, which has eight blocks and about 593 villages. The total population of the district is 7.35 lacs with gender ratio of 830/1000 and literacy rate 57.98% (2011). Out of eight blocks of district Budgam, sample was collected from four

blocks (Budgam, Nagam, Chadoora and B.K. Pora) in a representative manner. For sampling a list of Anganwadi centers (AWCs) was obtained from the office of Project Officer of ICDS of each block. After obtaining the list of Anganwadi centers from each block, the centers were selected by random sampling technique using lottery method. The maximum number of child beneficiaries in the age group 6months-3years registered in an AWC is 25, which can vary depending upon the population covered under the center. Out of 25, only 5 mothers of child beneficiaries were purposively selected from the each AWC from the attendance register maintained for this group of beneficiaries. Similarly, the maximum number of nursing mothers and pregnant women registered in an AWC is 06, but the number of both the groups of beneficiaries is not always equal. For the present study a total of 5 women beneficiaries from both the groups were purposively selected from the attendance register maintained by the AWW. Beneficiaries having children in the age group (0-6months) fall in the category of nursing mothers, whereas, beneficiaries having children in the age group (6months-3 years) were considered as mothers of child beneficiaries.

Tools Used

It was an action Research

In order to collect the data a self-devised Interview Schedule was prepared which was pretested on 12 women beneficiaries belonging to all the three groups and after some necessary modifications the interview schedule were finalized. The interview schedule comprised of different parts:

- a. General Profile of the respondent.
- b. Care of children
- c. Health of children
- d. Child exploration and disciplinary techniques used for children

Procedure of data collection

The data was collected by visiting the beneficiaries either at home or at AWC whichever was feasible for them. Before approaching the beneficiaries AWW of concerned area was informed who also helped in locating the beneficiaries and sometimes accompanied the researcher while collecting data.

Results and discussion

Knowledge of women beneficiaries related to immunization & immunization schedule

A better understanding of knowledge and perception of mothers on childhood immunization is important in the design and implementation of immunization programme. In this context, it was observed in the present study by the investigator while collecting data that although majority of women were aware of immunization services but their knowledge about immunization schedule and vaccine preventable diseases was inadequate. They were immunizing their children either by following the immunization schedule issued by health department or on the recommendation of pediatrician or sometimes on the reminder of AWWs. Respondents did not remember the proper schedule of immunization; they were either reminded by the AWW or sometimes missed the proper date of immunization. Similarly, in a cross sectional descriptive study conducted (16) to examine the knowledge towards and beliefs about childhood immunization among mothers of children below the age of two years in Danbare village of Kumbotso in Kano state, Nigeria, it was assessed that seventy five percent of the mothers were aware of the existence of routine immunization services in the village. Most of the sample women had poor knowledge of schedules of childhood immunization as well as knowledge of which diseases are preventable by vaccines used. A large group of mothers were against their children being immunized but up to 59.5% believed vaccines offer protection against diseases while 48.05% of respondents believed vaccines were safe. Mothers who had formal education were more likely to be aware of the existence of facilities for childhood immunization compared to mothers who had no formal education ($P < 0.05$). Mothers with formal education were also more likely to believe in the efficacy of vaccines compared to respondents with no formal education ($p < 0.05$).

Vaccines are an important part of child's health. It is best to immunize a baby right from birth and follow the recommended schedule. Vaccines are usually free or low

cost and given during a visit to pediatric health care provider.

Table-1 Concept about Immunization of Children

Variable	Pregnant (PW) n= 150)		Nursing (NM) (n=150)		Mothers (MCB) (n=300)		Total Beneficiaries (n=600)		χ ² Analysis
	f	%	f	%	f	%	f	%	
(a) Importance of Immunization									
Protection against diseases	123	82.0	124	82.6	252	84.0	499	83.4	12.89,*
Makes child grow quickly	-	-	-	-	2	0.6	2	0.3	
Doctors advise	18	12.0	23	15.3	43	14.3	84	14.0	
Not Aware about the Importance	9	6.0	3	2.0	3	1.0	15	2.5	
Total	150	100.0	150	100.0	300	100.0	600	100.0	
Method used for Reducing Inflammation caused by DPT									
Consult Doctor	1	0.6	1	0.6	1	0.3	3	0.5	16.90,*
Home Remedy	94	62.6	144	96.0	292	97.3	530	88.	
Elders Advise	3	2.0	4	2.6	6	2.0	13	2.1	
No idea	52	34.6	1	0.6	1	0.3	54	9.00	
Total	150	100.0	150	100.0	300	100.0	600	100.0	
Knowledge about Treatment of Diarrhea / Fever									
Consult doctor	97	64.6	101	67.3	199	66.3	397	66.1	41.83,**
Treat at home	37	24.6	48	32.0	100	33.3	185	30.8	
Treat at Home as well as Consult doctor	16	10.6	1	0.6	1	0.3	18	3.0	
Total	150	100.0	150	100.0	300	100.0	600	100.0	

Column percentage df is in subscripts of χ^2 *denotes significant at 0≤05, **denotes significant at 0≤01

It is evident from the [Table-1] that 83.4% of Kashmiri women under study were aware about the importance of immunization for protection of children against diseases. Although they were not aware about all the diseases, but were familiar with important diseases - Polio, Measles, Mumps, Rubella, Diphtheria, Pertussis, Tetanus, BCG (Bacillus Calmette Guerin) Nobody was aware about the newly introduced vaccines for Typhoid, chicken pox, Hepatitis. Most of the Kashmiri rural women under study did not remember the sequence of vaccines given to their children, they were just following the cards issued either by a paediatrician or at hospital. Very small Proportion (2.5%) Of Kashmiri Respondents were totally unaware about the importance of immunization. Statistically, there was a significant difference in knowledge among the groups seen ($p>0.05$). It was also found that a large proportion (88.3%) of women respondents from Kashmir believed in following home remedy (ice-cold sponging of inflamed area) for reducing inflammation caused by DPT rather than consulting a doctor. Only a small percentage (9%) of rural women had no idea how to reduce inflammation because of the fact that they were either first time pregnant or their baby was yet to be given DPT. There was statistically a significant difference in knowledge among the groups ($p>0.01$). With respect to perception of Kashmiri respondents towards treatment of diarrhea and fever it is clear from the table that a large majority (66.1%) of women beneficiaries from rural Budgam consulted doctor for minor ailments, whereas a good proportion (30.8%) preferred to treat minor

ailments at home (In case of cough and cold children were given shangri (a herb) kehwa or cinnamon kehwa, or warm mustard oil was rubbed on chest). In case of diarrhea some respondents believed that a child should be given ORS or diluted lemon juice with a pinch of salt and sugar. A significant difference in knowledge related to treating of minor ailments among the groups was statistically found ($p>0.001$). In a similar study conducted by Rahman et al (1995) on mother's knowledge about vaccine preventable diseases and immunization coverage it was revealed that illiteracy was an associating factor for low immunization coverage. Children aged 12-35 months and their mothers were studied to identify the factors associated with delayed or non-immunization of their children. Delayed or non-immunization was associated with low-socio economic status, maternal illiteracy, and lack of mother's knowledge on vaccine preventable diseases. The results indicate that even in the presence of maternal illiteracy, educating mothers about the vaccines and vaccine preventable diseases may be highly effective in increasing the immunization coverage.

Concept of child's exploration and discipline

Young children learn by exploring their environment, but their exploration should happen in safe places and in ways that help them learn. Since an infant is always keen to learn new things, this instinct helps him or more or less encourages him to use his senses.

Table-2 Concept about Child's Exploration and Discipline

Variable	Pregnant (PW) (n= 150)		Nursing (NM) (n=150)		Mothers (M CB) (n=300)		All Beneficiaries (n=600)		χ ² Analysis
	f	%	f	%	f	%	f	%	
Mother's Concept about Child Exploration									
Will allow	12	8	5	3.3	21	7	38	6.3	3.20 ₆
Unsafe	138	92	145	97	279	93	562	93.7	
Total	150	100.0	150	100.0	300	100.0	600	100.0	
Disciplinary Techniques used for Young Children									
Physical punishment	36	24.0	34	22.6	107	35.6	177	29.5	17.15 ^{**}
Deprivation	-	-	2	1.3	-	-	2	0.3	
Social Isolation	5	3.3	5	3.3	6	2.0	16	2.6	
Frightening or threatening	109	72.6	109	72.6	187	62.3	405	67.5	
Total	150	100.0	150	100.0	300	100.0	600	100.0	

Column percentage *denotes significant at 0≤05, **denotes significant at 0≤01 df is in subscripts of χ^2 values

It is clear from [Table-2] that majority (93.7%) of Kashmiri rural women included in study were not aware about the importance of exploration for a child, whereas only a small percentage (6.3%) of these rural women from Kashmir believed that a child should be allowed to explore only in presence of a caregiver or when an object is safe and will not hurt a child. No significant difference in knowledge among the groups ($p>0.01$) was statistically observed. Setting boundaries and expectations and enforcing them with discipline, when needed is required for the healthy development of children. By viewing discipline as teaching a child, instead of punishing a child, one can help a child develop responsibility, self-esteem, confidence and a positive personal identity. In this context, it is assessed from table that majority (67.5%) of the rural Kashmiri women were of the opinion that children should not be physically punished, instead can be frightened or threatened. A good proportion (29.5%) of women respondents perceived that physical punishment should be used if children misbehave repeatedly. However, a small proportion (2.6%) believed in social isolation of child. There was a highly significant difference statistically in knowledge among the groups ($p<0.01$) found.

Conclusion

The present study reveals that Kashmiri women has inadequate Knowledge regarding Immunization, they were aware about importance of immunization of children, but lacked knowledge regarding proper immunization schedule and vaccine preventable diseases. They also perceived that home remedy (cold water sponging) is best suited for reducing inflammation (side effects of immunization) caused by DPT with significant difference in response found. In context to perception of sample beneficiaries regarding treatment of minor ailments majority of the sample women believed in consulting a doctor. However, home remedies and traditional methods for treatment of minor ailments was preferred by most of the respondents. As far as disciplinary techniques used for young children are concerned it was observed that most the respondents believe in frightening and threatening a child, with only small percentage believing in physical punishment of children. Kashmiri women need education on importance of National Immunization Schedule and adherence to the timings in the given immunization card. Educational campaigns by AWWs can help to reduce the incidence of Vaccine-Preventable Diseases and also making them aware about the newly introduced vaccines for Typhoid, Rotavirus, Meningococcal vaccine chicken pox, Hepatitis etc.,. Although the Kashmiri women were aware about health-related activities and the disciplinary techniques best suited for children, but there is still need for health education to make them fully aware. This can be achieved by more aggressive health education campaigns in the community through the Anganwadi workers, health workers during Village Health Days and during NHED meetings. Awareness camps need to be organized and implemented to train mother about the assessment of danger signs of diarrhea and fever in a home setting so that they can manage easily or consult doctors prior to complications. We may conclude that the intervention by the ICDS centres for the better management of common minor ailments and community health education is of utmost importance for effective management, since it has potential to establish productive contact between the health services and the community to increase capability of families to recognize the danger signs of these ailments among children and to encourage appropriate and early care seeking behaviors.

Application of research: In order to collect the data a self-devised Interview Schedule was prepared which was pretested on 12 women beneficiaries belonging to all the three groups and after some necessary modifications the interview schedule were finalized. The interview schedule comprised of different parts:

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Procedure of data collection

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concerned area was informed who also helped in locating the beneficiaries and sometimes accompanied the researcher while collecting data.

Research Category: Child Health and Disciplinary Techniques

Abbreviations:

ICDS -Integrated Child development Service
AWW- Anganwadi workers
AWC- Anganwadi centres
MCB –Mothers of child beneficiaries
PW – Pregnant women
NM—Nursing mothers

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