



Role of caring practices in children and resources for care among mothers

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Abstract

Antenatal care, breastfeeding education and alleviating support reveal massive welfare. Sedentary activity end up in between 2.5-3.5 years or if, the household works carried out by elderly child than it may last longer to shift to Moderate activity. One hundred household were selected for the study by sampling method, with pretested questionnaire and interview method. Not only culture, but also economic conditions, governmental policies, and the ecological environment can influence care practices and resources for care (Engle, Menon, and Haddad 1997).

Keywords: reproductive history, health status, food frequency

Introduction

All pregnant women should have a written plan for birth and for dealing with unexpected adverse events, child birth or immediate postnatal period, should discuss and review this plan with skilled attendant. National and local policies support all pregnant women having access to maternal and neonatal health care. Exploring stressful social situations in women's lives during pregnancy may help to prevent severe negative outcomes in postpartum adjustment problems. The care giver who detects these concerns and experiences early in pregnancy may be able to provide more sensitive care during pregnancy and birth and to arrange for referrals for specialist support for those who need it. It is possible that sensitivity to such problems may reduce the incidence of postpartum depression, child abuse and marital disharmony after delivery (ALPHA: Antenatal psychosocial Health Assessment Scale

1996). Resources for care, one must first assess who is providing the care and who provides the economic support role of various family members in provision of care, particularly the father; child is combined responsibility of both parents need to be reinforced continually and at all levels.

- To assess reproductive history among mother
- To assess Exclusive and Complementary feeding practices, health status and feeding frequency among children.

Methodology

The study was carried out in village of padampur and kegaon, Golamunda block of Bhawanipatna district of Odisha 2017. 100 household were selected for the study by sampling method, with pretested questionnaire and interview method and accessed by scoring method.

Table 1: Food habit and Activity status of mother

Variables	Age (17-29 Years Respondent)	Food habit (Vegetarian/Non-vegetarian)		Activity status (Sedentary/Moderate/Heavy)		
Percentage	100	3	70	76	24	0

Most of the women comes under category of sedentary activity because of the caring practices are to be carried out and also all the members of the family are more concerned towards their child rather than being employed of a women. Moderate activity only shifted from sedentary when an

urgency of being employed at field works. Mental health, stress, and self-confidence are domains which families can support or undermine depending on their attitude and behavior.

Table 2: Food habit and Birth history of child

Variables	Age (less than 5 years)	Sex		Food habit (Vegetarian/Non-vegetarian/Not applicable in case of less than 6 months children)			Birth weight (2.50-3.00Kg) (3.00-3.80Kg)		Term/Preterm baby	
		Male	Female							
Percentage	100	37	67	0	94	6	21	89	98	2

The Alleviating programme has a great impact on an average birth weight of the child. Work load have significant effect on outcomes such as birth weight. Support in sharing the work

load is also part of care for women, carried out by elderly children of household. Birth interval among children is 1.5 years to 3 years.

Table 3: Reproductive history of mother

Characteristics	Marriage age		Delivery age		Total no. of pregnancy		No. of abortion/ still birth	No. of live birth	No. of death in children less than 5 years
	16-20 (y)	21-25 (y)	17-21 (y)	22-26 (y)	No. (4-7)	No. (2-5)	No. 2-3	No. 4-6	No. 1-2
Variables	16-20 (y)	21-25 (y)	17-21 (y)	22-26 (y)	16-20(y)	21-25 (y)	17-26 years	17-26 years	17-26 years
Percentage	34	66	34	66	27	73	14	86	4

Early marriages increase in the total numbers of pregnancy, abortion and had their next child within or more than a year

only, also the birth spacing is within 2-3 years. The vital cause of death among children less than 5 years was Diarrhoea.

Table 4: Exclusive and Complementary feeding practices in children <2 years and antenatal care of mothers

Variables	Breast fed within 1hour	Mother did not gave colostrum (Reasons- Caesarean section)	Bottle fed	Water/ juice, Animal milk, Infant formula, semi-solid/solid foods to child before 6 months	Place of Antenatal care		Place of Delivery	
					AWC	Government hospital	Home	Government hospital
Percentage	98	2	1	8	82	18	7	93

Anganwadi center and Government hospitals for antenatal benefit by Government and the instruction followed by people has decreased the unwanted feeding before 6 months and

antenatal checkups are started from either 2nd month or 3rd to 4th semester of pregnancy.

Table 5: Health status of children

Variables	How often child was sick in last 1 month			How often child was sick in last 1 year		Mother and child wash hand with soap before feeding or Intake of food	Breast fed when child is sick	Mother has knowledge about ORS	BCG, OPV1, OPV2, OPV3, DPT1, DPT2, DPT3, DPT booster1, Measles, Vitamin-A
	Measles	Fever	Diarrhoea	Once in 3 months	Once in 6 months				
Percentage	0	19	4	71	29	2	100	100	100

Incidence of chronic diseases has not been found and children were sick only because of common ailments like fever, change in climatic condition and sometime lack of attendance towards child. According to “SWACH BHARAT ABHIYAN” prime

importance is also the washing of hand with soaps before intake of food is yet not functional among peoples which could had a great impact on health if not emphasized.

Table 6: Food groups included in last one month (6-60 month) Feeding frequency codes 1) Everyday 2) 2-3 times a day 3) Once in a week 4) Once in a month 5) Once in a fortnight 5) Not given

Intake of food frequency	No. of meals per day including snacks (6-8 times)	Average amount of feeding at a time (Cup size using diet survey cups)		Commercial formula (milk powder e.g. lactogen, Dexolac etc.)	Extra oil/ghee added to food (Once times a week)	Other fruits (Once in a fortnight)
		C5-C7	C8-C10			
Percentage	84	81	19	1	45	66

Table 7

Intake of food frequency	Home cooked cereals/ millets (Everyday)	Pulses			Roots and Tubers (Everyday)	Leafy vegetables (once in a week)	Other vegetables (2-3 times a week)	Vitamin A rich fruits/ vegetables (once a week)
		Everyday	Once in fortnight	2-3 times a week				
Percentage	93	48	14	31	74	56	93	93

Table 8

Intake of food frequency	Milk/milk products (Once in a month)	Eggs (2-3) times a week	Fish (Once in a week)	Other flesh foods (Once in fortnight)	Biscuits (Everyday)	Outside snacks(chips, kurkure etc) (2-3 times a week)	Chocolates (2-3 times a week)	Bread/ cake/ bakery products other than biscuits (Once a week)
Percentage	8	54	47	23	72	49	41	34

Meal frequency among children is quite satisfactory and the Average amount of Cup size according to their age indicated the amount of carbohydrate content, pulses and eggs

frequency has enhanced the quality in addition to fish (once in a week) which is also satisfactory because of the alleviating programmes rather it would had decreased the quality. Field

works and employment has made them capable to access Protein rich food at least once in a fortnight or in a week. Snacks favoritism among children easily accessible within minimum price and people's misconception that these foods are healthy rather than Chocolates and fried items. (Ray Kumari Geeta and *et al*)^[8].

Conclusion

Care practices and resources important for improving nutrition in countries in which food security and health care services are reasonably satisfactory, but malnutrition rates remain high. Program models in psychological care need to be explored. Many countries recognize importance of care for programming does not yet have skills to assess.

References

1. Bansari Liladhar Chawada, Anjali Modi, Shantilal Lalichand Kantharia, Sanjeev Rao, Jayesh Khengarbhai Kosambiya. Exploring health status and care practices among children of female workers in unorganized sector. International journal of Medicine and Public Health. 2013; 3(1).
2. Escamilla-Pérez Rafael, Pérez-Ségura Sofia, Lott Megan. Feeding Guidelines for Infants and Young Toddlers. A Responsive Parenting Approach, Healthy Eating Research Building evidence to prevent childhood obesity. 2017; 1-68.
3. Gillespie Stuart, Kadiyala Suneetha. Exploring the agriculture-nutrition disconnect in India, Leveraging Agriculture for improving nutrition and health, International Food Policy research Institute. 2011, 1-4.
4. Infant and Young Child Feeding One Day Sensitization Module. Ministry of Health and Family Welfare Government of India, 16-31.
5. Infant and Young Child Feeding in Emergencies. Technical Department ACF-International. 2015; 2.0; 1-23
6. Nutrition in the First 1,000 Days. State of the World's Mothers. Save the children, 2012, 1-62.
7. Patrice Engle. The role of caring practices and resources for care in child survival, growth and development: South and South East Asia. Asian Development Review. 17,1,2; 132-167
8. Ray Kumari Geeta, Biswal Gayatri Dr. Lenka Chandrashree Dr. Impact of alleviating programmes & natural resources management in ensuring food security, International Journal of Applied Research. 2016; 2(10):638-642.
9. Robert Wood Johnson Foundation. Feeding Infants and Young Toddlers. Using the latest evidence in child-care settings, Healthy Eating Research Building evidence to prevent childhood obesity. 2017, 1-21.
10. The State of the world's children 2016, A fair chance for every child. 2016, 1-84.
11. Ajao KO, Ojofeitimi EO, Adebayo AA, Fatusi AO, Afolabi OT. Influence of Family Size, Household Food Security Status, and Child Care Practices on the Nutritional Status of Under-five children in Ile-Ife, Nigeria. African Journal of Reproductive Health December. 2010; 14(4):123-132.