

An evaluation of key practices for early childhood care in slum area of Lucknow district

■ Bharti Sarita and Neetu Singh

Department of Human Development and Family Studies, School for Home Science, Babasaheb Bhimrao Ambedkar University, Rae Bareli, LUCKNOW (U.P.) INDIA

(Email: bhu_ns@yahoo.co.in, saritab120@gmail.com)

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ABSTRACT

Early childhood is defined as the period of a Child's life from conception to age five. Early childhood care practices in urban slums together information on six key practices are: care of women during pregnancy and lactation, feeding behaviour, psychosocial cares, food preparation, care of hygiene and sanitation and home health practices. This study was carried with the objective: To evaluate key practices for childhood care in urban slums. This study conducted on 120 women (15 to 44 in years) of urban slum area of Lucknow. The duration of the study was 11 month (July 2012 – May 2013). The approaches adopted for multistage random sampling. Tools in the present study were Pre-design and pre-tested semi-structure interviews schedule used on the basis on six key practices related to early childhood care in slum area. Most of respondent answer gives no in child care practices. The highest level on not use childhood care practices in slum area of Lucknow. During pregnancy maximum antenatal mother utilized care services through Government hospitals.

INTRODUCTION

Health care seeking behaviour is the first step toward the care of any health problems. There has been evidence that due to lack of motivation to seek help, many health problems remain untreated in the world even though services are available at the doorstep. Early childhood development emphasizes a holistic approach focusing in the child's cognitive, language, social and emotional development from conception to age five. Care means something additional rather than education, such as children's health and nutrition, their evolving emotional and social abilities, as well as their minds, to move policy makers and programmers providers away from thinking exclusively in terms of pre-schooling. Care of women - antenatal care - internantel care – home delivery were found to be very much prevalent in majority of slums. Dai was found trended only in one slum in the rest Dais being untrained and were not found

to follow *five cleans during delivery in the slums*. Infant feeding practices – majority of the mother initiated breast feeding only after 36 hours of childbirth .On demand breast feeding was practiced by almost all mothers in the first six month, but it was not exclusion breast feeding Vitamin A and protein in colostrums. Psycho-social care – most of women having two or more children. Male participation in child care was found to be almost negligible. Gender bias in child care was seeing in almost all family. Food preparation – most women started that they washed their hand before cooking. Cooed food was generally kept covered in containers .food prepared once was stored for feeding the child later after warming it. Care for hygiene and sanitation- hand of child was not washed before feeding the child the almost all homes. Many of the life threatening conditions could be prevented or treated with low technology improved delivery care and attention to physiological need of the newborn.

Objective :

To evaluate the Key practices for early childhood care in slum area.

METHODS

The present study was conducted in the year 2012-13. Sample size was women of slum area 120 between the age ranges of 15 to 44 Years. To conduct sampling multistage random sampling a cross- sectional study design was adopted for the present study. Tool for the study, key practices related to early childhood care in slum area. The following tool and techniques were used in the study. Sampling techniques: Pre-design and pre-tested semi-structure interviews use on the basis on six key practices related to early childhood care in slum area. To cover the area of study (Ambedkar Nagar, Rajendra Nagar, Aishbagh, Malaviya Nagar, from Zone 2 and Kharika, Sardha Nagar, Hind Nagar, Ibrahimpur, Sardar Patel Nagar from Zone 5).

OBSERVATIONS AND ANALYSIS

The care of women was categorized into 12 subdivisions to know the how much Entipetation during pregnancy and lactation phase if women 89.2% bear comfortable cloths (Table 1). Majority 71.7% women had proper exercise and minimum 8 (6.7%) women was take supplementary food provided by Government hospitals. Only on an avrage 1/3 part of their care contributed in Antenatal registration, iron tablets intake, Nausea and Vomiting, and Anemia care form. Gupta *et al.* (2010) also conducted study on total 518 mothers interviewed, among (63.8%) were received ANC checkups (87.2%) received TT immunization and (61.3%) taken iron folic acid tablets. Nutritional deficiency Anemia (29.9%) in this area.

Table 2 represents that 45.8 per cent respondents said boiled water use during their first month. (42.5%) respondent

Sr. No.	Care of women	Frequency	(%)
1.	Antenatal registration	30	25.0
2.	Iron tablets intake	34	28.3
3.	Proper exercise	86	71.7
4.	Nausea and vomiting	29	24.2
5.	Bear comfortable cloths	107	89.2
6.	Weighting and knowledge	20	16.7
7.	Postnatal checkups	28	23.3
8.	Take supplementary food	8	6.7
9.	Complication of disease	10	8.3
10.	Injection of T.T.	61	50.8
11.	B.P. measurement	13	10.8
12.	Anemia	35	29.6

Table 2 : Frequency distribution on the basis of Infant feeding practice

Sr. No.	Infant feeding	Frequency	(%)
1.	Timing of weaning when you start	30	25.0
2.	Feeding only after 36 hours of childbirth	34	28.3
3.	Un boiled water during their 1 month	55	45.8
4.	Child home any common illness	51	42.5
5.	Hot and cold food avoided	33	27.5
6.	Which milk used.	34	28.3

was discontinued breast feeding if the child suffers from any common illness at home. (27.5%) respondent was said hot and cold food avoided. And (28.3%) used mother milk. (45.8%) women time of intake complimentary feeding in last 24hours. According to NFHS-3, UP (2005-06), (10) only 7.3% mother initiated breast Within 1h, which is in contrast for our study, while national average of percentage of initiation of breast feeding was 37.1% within 24 h of birth.

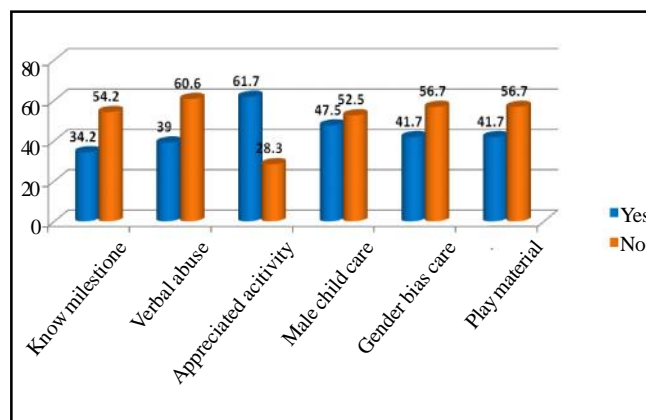


Fig. 1 : Frequency distribution the psychosocial care (0-5 year children)

On the psychosocial care basis the (34.2%) fair knowledge of development milestone of children. (39.4%) respondent was faced verbal abuse children. (61.7%) respondent was appreciated their children for their activity. (47.7%) male participation in child care in study aria. (47.7%) respondent was gender bias in child care by the family member in psychosocial care. (47.7%) respondents were providing play materials for cognitive development.

Fig. 2 shows that (67.5%) respondent was washed your hand before cooking. (69.2% women are cooked food covered in containers (8.3%) respondent is Kitchen regularly washed sops and water. (80%) people are Kitchen regularly washed sops and water. (51.7%) respondent was Nature of diet-vegetable/non vegetable Frequency distribution e/ agitation. (84.2%) respondent was Salt consumed Iodine.

Fig. 3 shows that (47.5%) home Animals are permitted

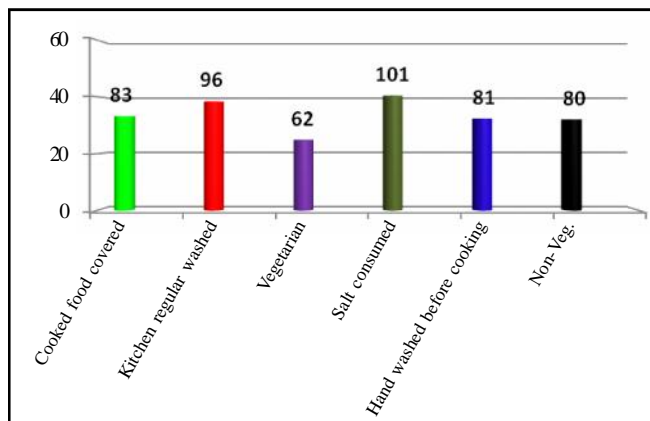


Fig. 2: Frequency distribution the food preparation

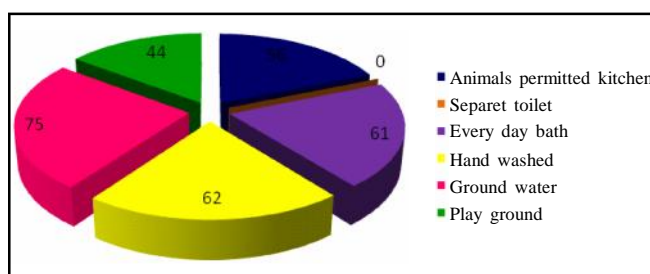


Fig. 3: Frequency distribution care for hygiene and sanitation

in the kitchen. (100%) house there has no separate toilet facilities provided. (0.8%) respondent Take bath once every day. (51.7%) respondent Washed hand with shops before eating. (62.5%) respondent Used ground water drinking. (36.7%) respondent Children played on play ground. (48.3%) respondent said use a mosquito net at sleeping time.

In this table shown that (40.8%) women are go to Hospital for delivery. (19.2%) children have allergies of food. (35.0%) child any particular fear. (25.8%) respondent has knowledge method of preparing ORS. (33.3%) respondent was neglect at government and private facilities. (32.5%) respondent is providing immunization Childs. (26.7%) respondent was aware common symptoms of childhood illness. Gupta and Nandeshwar (2010) also conduct study on 86.49 % deliveries were conducted at home. Majority of deliveries were conducted by unthread Dai (63.33%) at home in both the area. And under five year children (35.2%) were fully immunized, (48.2%) partially and (16.4%) unknown status in the studied area.

Conclusion :

In study area there are found the six key practices in childhood care. Most of respondent answer gives no in child care practices. The highest level on not use childhood care

Sr. No.	Health practices	Frequency	%
1.	Hospital delivery	49	40.8
2.	Any allergy	23	19.2
3.	Child fear	42	35.0
4.	Child needs treatment	38	31.7
5.	Method of preparing ORS	31	25.8
6.	You neglect at govt. and private facilities	40	33.3
7.	You provide immunization	39	32.5
8.	Aware common symptoms of childhood illness	32	26.7

practices in slum area of Lucknow. During pregnancy maximum antenatal mother utilized care services through Government Hospitals. In the area maximum number of deliveries was conducted at home. Proper sanitation of the drinking water should be promoted in the community to prevent the water born diseases in the children. Filtering the drinking water, boiling the water should be promoted. Mothers can be taught regarding the treatment of the common ailments in the house such as diarrhea using homemade ORS. Regular de-worming of the child in the Aganwadi should be done. Postnatal care was poor in both areas. The current study recommendation that available service options should be publicized among the community. Health facility based dissemination programmers will help in this regard. And need to promote through improved coverage with existing health services.

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