

Socio-Economic, Cultural Factors Affecting Child Health

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Abstract: The present study is an attempt to probe into the socio-economic factors which influence the health of children. This study was conducted in Tehsil Phalia. A sample of 120 respondents was randomly selected from two villages of Tehsil Phalia. According to this study majority of the respondents i.e. 60.0 % had no relation with their husband before their marriage, half of the respondents were lower/worker. majority i.e. 74.5 % of the affected respondents were suffered diarrhoea disease and all of the respondents had medical facilities in their localities.

Key words: Socio-economic, Cultural, Disease, Children

Introduction

Pakistan like other developing countries is also facing many crucial problems due to over population. The enormous population growth makes social target such as universal literacy or full employment much difficult to attain, which is also adversely affecting the health of the people.

Children are the future builders of every nation. Future of the nation depends upon the health of the children. Healthy children would turn up into healthy nation of tomorrow. Children's health can be best examined in the light of the level of infant and child mortality prevailing in the society and also it is the most important index of socio-economic development. The high level of infant mortality is an indication of discouraging socio-economic development and along with the poor Government commitment for improving health status of its nation. Like many developing countries Pakistan too, is facing with problems of high infant mortality.

All the developing countries including Pakistan are making utmost effort to decline the mortality rate among the mothers and children right from the pre-natal stage to toddler stage. The main factors responsible for the increased death rate among the women are the high level of still-birth and physically or mentally handicapped births of the children, lack of health facilities, lacking in utilizing of these facilities, financial incapacities to afford health facilities, repeated pregnancies, and the poor level of nutrition and polluted environment. At the same time, the traditions of our country have hinder out people to be benefited from the modern health care system because in rural areas still the people don't want to use the facilities available at hospital or medical centers. Due to these reasons, the maternal-child health is severely affected and the result is in the form of many diseases and disabilities (United Nations, 1999). Abbasi (1994) reported that in developing countries, 10 billion and 30 lack children die every year out of them one third die just due to three diseases i.e. cold, diarrhoea and chicken pos.

The public health system in Pakistan, together with considerable facilities in the private sector despite of having developed over the years and disparities across the religions are some of the other factors of prevalence of preventable diseases, unacceptably high infant mortality rate, (73.5%) low life expectancy and high death and birth rates (80%) (Govt. of Pakistan 1994). The poor quality of life not only adversely affects the productivity of the active population, but also saps national energies. Therefore, diseases are not entirely microbiological phenomena but a number of socio-economic and cultural factors also play a crucial role in defining the health status.

In Pakistan, majority women are mal-nourished and anemic. Unhealthy women surely have unhealthy children. According to the recommendations of the nutritionists and medical experts the women require extra energy in the form of extra food during pregnancy because they have to support and provide food to the two living organisms i.e. mother and child. Extra calories, iron, proteins and vitamins are required in the form of balanced food for the mothers intake, but it is pity that our women are not provided with adequate food due to low economic conditions of the people especially in rural areas. The situation does not guarantee the birth of healthy children and healthy mothers (Hymovich and Chamberlin, 1980).

Objectives: The present study was carried out with the following objectives.

To study the socio-economic characteristics of the respondents.

To study the social-economic and cultural factors affecting the child health.

To suggest measures for improving the health status of children.

Materials and Methods

This study was conducted in Tehsil Phalia. A sample of 120 respondents was randomly selected from two villages

of Tehsil Phalia. In order to obtain information a questionnaire was designed through which data was collected in face to face interview. Univariate statistics were used to check the significance the study.

Results and Discussion

Table 1 indicates that about half (49.2%) of the respondents had upto 18 years of age at the time of marriage, 35.8 % of them had 19-22 years of age at the time of marriage. While 15.0 % of the respondents had 23 and above years of age at the time of marriage.

Table 1 indicates that 20.0 % of the respondents' husband had upto 18 years of age at the time of marriage, 18.3 % of them had 19-22 years of age at the time of marriage. While majority of the respondents' husband i.e. 61.7 % had 23 and above years of age at the time of marriage.

Table 1: Distribution of the respondents and their husband according to their age at the time of marriage.

Respondents' Age (years)	Frequency	Percentage
Upto 18	59	49.2
19-22	43	35.8
23 and above	18	15.0
Total	120	100.0
Husbands' Age (years)		
Upto 18	24	20.0
19-22	22	18.3
23 and above	74	61.7
Total	120	100.0

Table 2: Distribution of the respondents and their husband according to their education.

Respondents' Education	Frequency	Percentage
Illiterate	68	56.7
Upto Matric	40	33.3
Intermediate and above	12	10.0
Total	120	100.0
Husbands' Education		
Illiterate	41	34.2
Upto Matric	57	47.5
Intermediate and above	22	18.3
Total	120	100.0

Table 3: Distribution of the respondents according to their satisfaction with quality of water.

Satisfaction	Frequency	Percentage
To great extent	22	18.3
To some extent	88	73.3
Bad quality	10	8.3
Total	120	100.0

Table 4: Distribution of the respondents according to their type of disease.

Disease	Frequency	Percentage
Diarrhoea	38	74.5
Goiter	1	2.0
Cholera	4	7.8
Diarrhoea and Cholera	8	15.7
Total	51	100.0

Table 2 indicates that majority of the respondents i.e. 56.7 % were illiterate, 33.3 % of them had upto matric level of education and only 10.0 % had intermediate and above level of education.

Table 2 also shows that 34.0 % of the respondents' husband were illiterate, major proportion of the respondents' husband had upto matric level of education and 18.3 % of them had intermediate and above level of education.

Table 3 reported that 18.3 % of the respondents were highly satisfied with the quality of water, majority of the respondents 73.3 % were some extent satisfied with the quality of water and 8.3 % of the respondents were not satisfied.

Table 4 shows that majority i.e. 74.5 % of the affected respondents were suffered diarrhoea disease, 2.0 % of the

respondents suffered goiter disease, while 7.8 % of them suffered cholera disease and 15.7 % of the respondents suffered diarrhoea and cholera diseases.

Table 5: Distribution of the respondents according to the type of medical facilities.

Medical Facility	Frequency	Percentage
Doctor, Homeopathic and Hakeem	40	33.3
Homeopathic and Hakeem	60	50.0
Doctor, Homeopathic and Hakeem	12	10.0
Any other	8	6.7
Total	120	100.0

Table 5 indicates that 33.3 % of the respondents had doctor, homeopathic and hakeem' facility in their locality, half of the respondents had homeopathic and hakeem, 10.0 % had doctor, homeopathic and hakeem in their locality. While 6.7 % had any other medical facilities.

Table 6: Distribution of the respondents according to their help at the time of delivery

Response	Frequency	Percentage
Doctor	8	6.7
Nurse	8	6.7
Dai	104	86.7
Total	120	100.0

Table 6 shows that 6.7 % of the respondents said that their delivery case handled the doctor and other 6.7 % said that their case handled the nurse, while majority of the respondents said that their delivery case handled the Dai.

Table 7: Distribution of the respondents according to the medical checkup of their last baby

Medical checkup	Frequency	Percentage
Some time	9	7.5
When need	15	12.5
Never	96	80.0
Total	120	100.0

Table 8: Distribution of the respondents according to their satisfaction with the health of their last children

Response	Frequency	Percentage
To a great extent	38	31.7
To some extent	60	50.0
Un-satisfied	22	18.3
Total	120	100.0

Table 7 shows that 7.5 % of the respondents said they have some time medical checkup of their last baby, 12.5 % of said that go to the doctor when they feel need. While majority of the respondents i.e. 80.0 % reported they have no medical checkup of their last baby.

Table 8 indicates that 31.7 % of the respondents were highly satisfied with the health of their last children, half of the respondents some extent satisfied and 18.3 % of the respondents were un-satisfied with the health of their last children.

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