

FACTORS AFFECTING PHYSICAL WELL-BEING OF NEPALESE CHILDREN

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Abstract

The main objective of this article is to find out the child physical well-being or nutritional status of children under three years according to demographic, socio-economic, health care, diseases and also standard of living based on primary data. Quantitative and descriptive research design were used to study this article. Out of three hundred ninety five household, one hundred sixty eight respondents (mothers) those whose children seem to be under three years as well as those who seem to be able to give their interview were taken as sample with the help of purposively sampling methods. The data were collected from the field survey in the month of November, 1999 with the help of questionnaire fill-up methods with two Community Health Volunteers (CHVs). All respondents were taken from Yadav, Backward Community like Chamar, Bishadhi, Muslim and Amat, and then analyzed.

Key words

Factors affecting; child's physical well-being; standard of living

Introduction

Well-being is generally understood as the quality of people's lives. It is a dynamic state that is enhanced when people can fulfil their personal and social goals. It is understood both in relation to objective measures, such as household income, educational resources and health status; and subjective indicators such as happiness, perceptions of quality of life and life satisfaction (IOE, 2010).

Physical well-being involves creating a plan to ensure you are getting regular physical activity, eating healthy and getting enough sleep to balance all dimensions of your well-being. There are plenty of resources available to you to improve your health and be on your way to a long, fulfilling life!

Physical well-being is important for learning and development as this enables children to explore, to investigate, and to challenge themselves in the environment. A growing

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awareness of their bodies and abilities is also part of this. The adult supports children's psychological and physical well-being by helping them to make healthy choices about nutrition, hygiene and exercise. He/she plans for and provides opportunities for children to express themselves, to encourage them to play and work with others, and to deal with challenges. The adult also helps children towards independence by providing them with choice in their activities, and by providing opportunities for them to make decisions and to take the lead.

The concept of children's well-being encompasses a whole range of issues relating to the personal development of a child, from their physical and mental capacities to their emotional and psychological state. Defining the concept of children's well-being is a complex task, mainly due to the varying understandings of the term as adopted by different authors on the subject. According to the Euro social Report (1996) Asher Ben-Arieh, "The well-being of the child is composed of both the objective 'conditions for well-being and his or her 'subjective 'perceptions and experiences".

Children's wellbeing is strongly associated with the wider neighborhood they live in. Throughout childhood, social relationships at home and school are important predictors of wellbeing. A secure school environment, without bullying or conflict, and a supportive family that spends time together are the foundations of good child wellbeing (PHE, 2013).

As cited by Yadav (2000) Child Well-being means the complete well-being of the child which provides each child with an equal opportunity for growth and development. Children are the most vulnerable group of society and so they are easily exploited and victimized. They need special, attentive care and protection. According to the UN declaration of the rights of the child, "every child has the right to affection, love and understanding, to adequate nutrition and

medical care, to free education, to a name and nationality, to special care if handicapped, to be among the first to receive relief in time of disaster, to be brought up in a spirit of peace and universal or social origin." Being a member country of United Nations, Nepal has tried to fulfill its obligations, providing services for children through government and non-governmental levels (Gurung, 1981).

As cited Yadav (2000) Child Physical well-being is defined as a child's nutritional status. Child physical well-being is balance between nutritional intake and output. It depends on the total food produced by the family, food available for family consumption, number of family members, education, landholding, caste/ethnic, gender and child's age, importance attach to infant and child feeding, maternal diet during pregnancy and lactation and prevalence of worm infestation and other childhood diseases in the community (Adhikari and Krantz, 1989).

Child's physical well-being can be measured through different physical dimension such as height-for-age, weight-for-age, weight-for-height, mid arm circumference and also upper to lower arm length. This is called anthropometric assessment of the child's physical well-being.

Methods

The data were collected from the selected VDCs of Saptari District by researcher himself with the help of two Community Health Volunteers (CHVs). All the total respondents were taken from the Yadav, Backwards and Janjati community. For the study, 168 (Boys-107, Girls-61) were taken as sample from the selected study area. The respondents were conveniently taken from the mother's for the study. All respondents were taken from Yadav, Backward, Amat, Janjati and Muslim group with cast of Madhesi. It has been agreed that the identity of the surveyed area and respondents should maintain the confidentiality.

Results and discussions

This section deals with the results of the information gathered from the field survey in the month of November, 1999. All the collected information is based on the perception of the mothers (respondents).

Child caring practices by the eligible mothers

Better physical well-being behavior of the individual means well knowledge of child caring and mother's seeing are essential for better physical well-being. Adequate amount of breast-feeding, not squeeze out milk from the breast first put the breast into child mouth, bottle feeding, immunization, vitamin capsule, jeevan jal etc. all are contribute to improved well-being of child, the replies of several questionnaire supplied to the respondents of the 168 HH are tabulated.

Breast-feeding

Breast milk from the mother is the ideal food for human infants. It meets the nutritional needs of infants up to 5 months of age, provided the baby gets enough ultra violet eradication and has been born with adequate fetal stores for minerals. Breast-feeding is nearly universal in Nepal. 98 percent of children were breast-fed at sometimes.

Mothers were asked have you ever breast feeding your children, 97.6 percent mothers reported that they ever breast fed once a time during child caring. Among them 94.5 percent respondents (mothers) reported that they squeeze out their milk before putting their breast into their children mouth whereas only 5.5 percent respondents not squeeze out their milk before interring their breast into their children mouth. Similarly only few percent (5.4%) mothers reported that they provided their children bottle feeding as a supplementary food whereas majority children far from such types of supplementary food (bottle feeding) advantage. Table shows that breast feeding is universal practices in the study area like Nepal that is good massage for us whereas mostly mothers aware from bottle feeding. It shows that they are still lacking knowledge about bottle feeding and other things. Table also shows that respondents (mothers) are need to get such types of education or training otherwise it will bring worst health situation either national or local level. Good infant feeding includes not only support for breast feeding but also ensuring good complementary (Bottles) feeding practices for children more than six months old whose nutritional needs can no longer be fully met by breast feeding. Though sustain second year of life remains important.

Table 1: Percentage Distributions of Respondents (Mothers) with feeding

Ever Breast feeding	Number	Percentage
Yes	164	97.6
No	4	2.4
Total	168	100
Squeeze out Milk		
Yes	155	94.5
No	9	5.5
Total	164	100.0
Bottle Feeding		
Yes	9	5.4
No	159	94.6
Total	168	100.0

Immunization

This is the process of protecting a child from a disease by introducing relatively inactivated organisms (e.g. BCG) or extracts of the organism (e.g. Toxoids) which cause the disease. Such micro-organism or their extracts do not cause the actual disease. Infectious diseases account for a very high rate of illness and death in young children in Nepal. These diseases are very difficult to treat (e.g. Tuberculosis) or not treatable at all (Paralytic poliomyelitis) one contracted. Fortunately, most of the common infectious diseases can be prevented by immunization. Table 2 shows that out of 168 respondents (mothers), 97.6 percent reported that they immunized their children whereas 2.4 percent mothers reported that they did not immunize their children. Table also shows that parents seem to be aware about their children immunization.

Table 2: Percentage distribution of respondents (Mothers) with children's immunized

Immunized Children	Number	Percentage
Yes	164	97.6
No.	4	2.4
Total	168	100.0

Vitamin capsule

Vitamins are complex organic substance required in small quantities for various body functions. Their presence in the diet is essential for normal growth and the development of different tissues and functions. Vitamin deficiency can cause diseases.

Table 3: Percentage distribution of respondents with received vitamin capsule

Received Capsule	Number	Percentage
Yes	151	89.9
No.	17	10.9
Total	168	100.0

Table 3 shows that out of 168 respondents (mothers), 89.9 percent children received capsule during their schedule whereas 10.9 percent children's did not receive Vitamins capsule. Table also shows that mothers seem to be aware about their children health.

Oral rehydration

Each year over one million more children are saved from death through the case of oral rehydration therapy (ORT) promotion includes support for continued feeding during and after diarrhea as well as the case of oral rehydration salts (ORS) to prevent and treat rehydration continued progress is needed in diarrhea presentation, treatment, nutritional management and cure to ensure that growth lost during diarrhea.

Table 4 shows that those who suffered with diarrhea (51 children), among them 29.4 percent children only had taken Jeevan Jal. Among them 10 children belong to boys whereas only 5 children belongs to Girls. Table also shows that more than 70 percent children hadn't taken jeevan jal during Diarrhea which doesn't seem to be fruitful for us.

Results

Approximately 98 percent had ever breast feeding. Among them 94.5 percent mothers' squeeze out their milk before their first milk into their children mouth. Good infant feeding includes not only support for breast feeding but also ensuring good complementary (bottles) feeding practices for children more than six months old whose nutritional needs can no longer be fully met by breast feeding. Though sustain second year of life remains important. In a question of immunization near about 98 percent children's seemed immunized during their schedule. In a context of Vitamin Capsule received approximately 90.0 percent children had taken during their time schedule and only 51 children had taken jeevan jal during dehydration.

Table 4: Percentage distribution of respondents (mothers) children's taken Jeevan Jal

Characteristics	Jeevan Jal Taken Children		Total Percent
	Yes	No.	
Sex			
Boys	33.3 (10)	66.7 (20)	100.0(30)
Girls	23.8 (5)	76.2(16)	41.2(21)
Total	29.4 (15)	70.6(36)	100.0(51)

Conclusion

On the basis of findings, study conclude that there is lacking knowledge regarding breast feeding and gave continuity not squeeze out the first milk outside their children. Adequate amount of breast-feeding, not squeeze out milk outside, immunization, vitamin Capsules and Jeevan Jal etc. all are needed to improve their children health as well as well-being.

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