

Factors Militating Against The Health of Children in Garram District, Kanke Local Government Area of Plateau State.

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Abstract

The study determined the factors militating against the health of children in Garram district. The sample size of 210 women was used for the study. A structured questionnaire was used for the collection of data. Frequencies and percentage were used to answer the research questions. The findings among others revealed that poverty, ignorance, malnutrition, childhood diseases and traditional beliefs were the factors militating against the health of children. Immunization was always practiced by women and there was no significant difference in the occurrences of childhood disease between the children of educated and uneducated women.

INTRODUCTION

The importance of children's good health cannot be overemphasized. The happiness of a nation according to Dimlong and Jatau (2001), to a large extent, depends on the health of the children who are the leaders of tomorrow.

Unfortunately, Nigeria as a developing nation has peculiar child health problems militating against the well-being of children. Child health problems may be as a result of negligence, ignorance, traditional practices, poverty or poor environmental sanitation. Where there is negligence of child's health care, health problems are eminent. This justifies why Chigbu (1990), expressed that in a country like Nigeria, child's health has not been accorded its rightful place in the society.

The health problems of children are a global one, which has received the attention and concern of international government and non-governmental organization for many years. It was as a result of the concern that led to the United Nations Declaration of Rights of the Child.

Health is explained by WHO (1964) as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Uche (1991) defined health as a feeling of well-being enjoyed by a person when his body system works effectively together and in harmony with the

environment. In this context, health shall be used to mean keeping the body, mind and all the systems of the body at a highest level of efficiency possible for one to live at his or her best not just being satisfied with the absence of disease or infirmity.

There is no consensus on the age, which is the upper limit of childhood. United Nations Population Division (UNDP) (1988) referred to children as those who are below 15 years of age. On the other hand, the Convention on the Rights of the Child (1988) and Federal Ministry of Women Affairs and Development (1995) described the child as any human being below the age of 18 years. In this work, a child is conceptualized as an individual between the ages of 0-19 years.

Good health enhances proper growth and development of children. Whereas poor health retards the growth and development of children. The most profitable area of children's investment is their health. This is so because the child has right to health, right to proper nutrition and right to live.

There are factors that are necessary for the child's health. Some of such factors are love, proper nutrition, immunization of children against the six killer diseases, periodic medical examination, healthy environment and proper health observation. These factors promote the well-being of children.

The health of children in Nigeria in general and Pankshin in Particular, leaves much to be desired. Some children suffer from malnutrition, lack of medical care, child neglect, poor living environment and lack of routine immunization. The resultant effects of these predispose children to some of the six killer diseases and sometimes untimely deaths of children.

The purpose of this study therefore is to investigate the factors militating against the health of children in Garram district of Kanke Local Government Area of Plateau state. Specifically, the study sought to answer the following questions:

- 1 What are the factors militating against the health of children in Garram district?
- 2 What is the frequency of occurrence of childhood diseases in Garram district?
- 3 What is the frequency of preventive measures taken by women in controlling childhood diseases in Garram district?

METHODS.

Area of the study.

The area of the study was Garram district in Kanke Local Government Area of Plateau state.

Design of the study.

The survey research design was used for the present study because Ejifugha (1998) expressed that the design gathers information on subjects with the hope of describing the population, as they exist in their natural setting.

Population of the study

The population of women in Garram district consisted of 3,251 married women. These women are within bearing age. Those who were not still bearing were not part of the population.

Sample of the study

The sample for the study consisted of 210 married women composed by simple random sampling by balloting without replacement.

Instrument for Data collection

The instrument for data collection was a 25 item structured questionnaire developed by the investigators based on the literature. The instrument consisted of four sections. Section A dealt with statements eliciting information about the personal data of the respondents. Section B, composed of items that needed information about factors militating against the health of children. Section C sought data on the effective control of children problems and section D dealt with the occurrence and preventive methods of factors militating against the health of children.

Method of Data Collection.

The investigators with the aid of two trained research assistants distributed 227 questionnaire forms to 227 respondents. All the questionnaires distributed were collected back on the spot. Of the 227 questionnaires, 17 were wrongly filled and were not used while the remaining 210, which were considered adequate for reaching valid decision, were used.

Data Analysis.

Frequency count and percentages were used in answering research questions 1 and 3, while means scores were used in answering research question 2. The Likert four point scale weighted for always 4, often 3, occasionally 2 and never 1 for items that demand positive response while the reverse was the case for items that require negative responses.

$$4+3+2+1 = \frac{10}{4} = 2.5.$$

Any response on disease with a mean score of 2.5 and above will be considered frequent/high in occurrence while any means response below 2.5 will be considered low in occurrence.

Results.

The results of the study based on the research questions earlier outlined are hereby presented using frequency distribution tables.

Table 1. Factors Militating Against the Health of Children in Garram.
n =210

S/n	Factors	Response	
		Frequency	%
1	Poverty	210	100.00
2	Ignorance	183	87.14
3	Living environment	178	84.74
4	Malnutrition	161	76.66
5	Childhood disease	210	100.00

The results in Table 1 show that poverty 210 (100.%), Infant mortality 196 (93.33%), lack of health care services 187 (89.04%), ignorance 183 (87.14%), living environment 178 (84.76) and malnutrition 161 (76.66%) were the factors militating against the health of children in the area since all the factors listed had more than fifty percent response.

Table 2. Frequency of occurrence of childhood Diseases in Garram.
N = 210

S/N.	Diseases	Mean (X)	Decision.
1	Diphtheria	2.80	**
2	Measles	2.81	**
3	Tuberculosis	2.80	**
4	Whooping cough	3.07	**
5	Tetanus	2.55	**
6	Poliomyelitis	3.16	**
7	Pneumonia	3.9	**
8	Chicken pox	2.92	**
9	Mumps	2.81	**
10	Malaria	3.19	**
	Grand mean	3.00	**

KEY

- Low occurrence
- High occurrence

The mean scores of items 1 through 10 in table 2 indicated that diphtheria, measles, tuberculosis, whooping cough, tetanus, poliomyelitis pneumonia, chicken pox, mumps and malaria occur to a high extent.

Table 3. Role of women in Promoting the Health of Children.

Role of Women	Always		Often		occasionally		Never	
	f	%	f	%	f	%	f	%
Immunization	95	45	65	31	40	19	10	5
Periodic exam	80	38	90	43	25	12	15	7
Good nutrition	85	40	65	31	35	17	25	12

Health								
Observation	70	33	60	28	40	19	40	19
Sanitation	80	38	65	31	35	17	30	14
Health care								
Provision	90	43	80	38	25	12	15	7

Table 3 above shows that women were always immunizing their children as indicated by 95 (45%) response. The table also shows that health observation was never done by many women as indicated by 40 (19) responses.

Discussion.

The findings in table 1 revealed that poverty is one of the conditions militating against the health of children. This finding was not surprising because poverty is known to be one of the factors affecting nutrition especially among the low income earners. This finding is in line with the views of Dimlong and Jatau (2001) who asserted that the harsh economic situation as well as the high inflationary rate in Nigeria undoubtedly hinders most parents from giving their children the needed health care they deserve. It is a known fact that families, whose income generating capacity is low, find it difficult to give their children the expected medical attention. In the event that a child is sick and needs medical attention such parents cannot afford paying the medical bills, and may resort to patronizing traditional doctors. This adversely affects the health of children.

The findings further revealed that childhood diseases are factors militating against the health of children. This finding was not surprising because the six killer diseases have affected and are still affecting children. This finding corresponds with the study of Thompson (1983) and Akinmade (1997) who found that young children are more vulnerable to the six killer diseases because they have not build up immunity yet. They further reported that certain infectious diseases are more common in children than in adults. These include chicken pox, measles, tuberculosis, mumps, poliomyelitis, tetanus, influenza, common colds, whooping cough, ring worm, pneumonia and diphtheria.

Table 2 revealed that all the six killer diseases or

childhood diseases frequently occur in the area of study. This was not expected because some environment favour the occurrence of certain diseases and some do not. Therefore it was not expected that all the six killer diseases are common in a given environment. The finding agrees with the study of Dimlong and Jatau (2001) who found that the six killer diseases are common in Nigeria.

The study further revealed that immunization, good nutrition, sanitation and health care provision were the role of women in promoting the health of children. This finding corroborates the views of Thompson (1983) who opined that children can get immunity by taking vaccination against diseases which vaccines have been produced. In the same vein, the study is in line with Dimlong and Jatau (2001) who contended that for a child to survive and remain healthy, good quality child care services is/are essential. Good quality health care can promote the health of children, whereas lack of it can negatively affect their health. Where lack of child health care services become a way of life, sickness and death of children are the resultant effects.

The finding further revealed that health observation was never done by many women. This finding was surprising because women who are mothers are always in close contact with their children and can detect deviation from normal health through observation. This finding contrasts the views of Dimlong and Jatau (2001) who stressed that it is the woman who constantly come in contact with the child especially when they are still tender. For this reason, women should be able to detect some signs and symptoms of deviation from normal health by mere observation. This, she can do by observing the mouth, nose, ear, skin and so on. Where signs and symptoms of diseases are detected, a careful woman can take the child to the hospital for treatment before the sickness becomes severe.

CONCLUSION.

Based on the above findings and discussions, the following conclusion were drawn: Poverty, ignorance, living environment, malnutrition, childhood disease, infant mortality and lack of health care services were the factors militating against the health of children in Garram. Measles and Pneumonia were always occurring among children in Garram. Women were always immunizing their children as a role for promoting their health.

Recommendations.

Based on the findings and conclusion of the study, it was recommended that:

1. Programmes such as seminars/symposia should be organized by health specialists to educate the people of the area on the dangers of the factors militating against the health of children.
2. The federal Government should provide health services as a way of promoting health in rural areas. This could be done by providing facilities, employing enough health care personnel and giving in-service training to those already working.

References.

Akinmade, C.T.O. (1997). The survival of the girl-child in a Malfunctioning society. Proceeding and policy recommendations at the family Support Programme Organized by the Plateau state Commission for Women. Ibadan:

- Heinenman Educational Books (Nig) PLC.
Chigbu, A.E. (1990). *Motherhood, Pregnancy and child Care*. Onitsha : Africana- Fab Publishers Ltd.
- Convention of the Right of Child (1988).Chicago USA United Nations Convention on the Rights of Child Principles 10. New York.
- Dimlong, R. & Jatau, A.A. (2001). The Role of Women in the Promotion of Child's Health. *Journal of Women in Colleges of Education*, Vol.5.
- Federal Ministry of Women Affairs and social Development (1995).Nigeria and the Rights of the Child. Abuja FMWASD.
- Galli, N. (1988). *Foundation and Principles of health Education*. New York: John Willey & Sons.
- ILO (1988). The Emergency response to child labour: Condition of work Digest, 7 (1) 22-30.
- Nzelum. V.N. (1999). Education of Girls: A sure way of effective parenthood health awareness by the millennium. *Journal of Women in College of Education*, 3:84-89.
- Tompson, M.I. (1998) *Choosing Good Health*. Illinois: Scott Foresman and Company.
- Uche, R.N. (1991). Causes and predisposing factors to infant and material mortality: Ways for improvement. *Journal of Women in Colleges of Education*, 3, 90-96.
- UNDP. (1988) Facts and Figures: *National Reports*. Washington
- WHO (1964). Declaration of Health: WHO Geneva. The author.