

CARE-GIVERS AWARENESS AND CHILDREN'S HEALTHY LIVING PRACTICES IN A SOUTHERN NIGERIAN CITY IN NIGERIA

¹DR. UKEME E. EYO, ²DR. A. AGBAJE, ³DR. V. O. AKAISO

¹DEPARTMENT OF PHYSICAL AND HEALTH EDUCATION,
UNIVERSITY OF UYO

²DEPARTMENT OF EDUCATIONAL FOUNDATION AND COUNSELLING,
UNIVERSITY OF UYO

³DEPARTMENT OF SURGERY, UNIVERSITY OF UYO TEACHING
HOSPITAL

Abstract

The study investigated the awareness of care-givers on children's healthy living practices in a Southern Nigerian City in Nigeria (Oruk Anam Local Government of Akwa Ibom State). The study was guided by three research objectives, questions and hypotheses respectively. An ex-post-facto research design was used. A researcher designed questionnaire titled Care-Givers Awareness and Children's Healthy Living Practice Questionnaire (CGACHLPQ) on a Likert scale was used. The validity of the instrument was ascertained and a reliability of .74 using Pearman's Product Moment Correlation (PPMC) was obtained. 100 children constituted the respondents, and were randomly selected as sample for the study. Dependent t-test was used to test the hypotheses. The findings revealed that parents, teachers and house helps awareness have a positive influence on children's healthy living practices and that unawareness influences children's healthy living practices negatively. Based on these findings, community health education to be given to parents and the general public, follow-up visits to homes and proper training of school teachers were recommended.

Introduction

Children's healthy living practice is a holistic approach encompassing every aspect of life. To be healthy according to Achalu (2009) means to be in a state of or to enjoy good health. Practice according to the Oxford Dictionary of Current English is a habitual action or performance; a repeated exercise requiring the development of skill.

Achalu (2009) defined a child as a person between one and fourteen years of age. The Child's Right Act (2003) classified any person who is below the age of 18 years as a child and where as the Convention on the Rights of the Child (CRC) defined a child as any human being who is below the age of 18 years. Thus for this write-up, children's healthy living practice could be seen as a habitual act directed towards persons below 14 years of age to bring them to a stage of enjoying good health.

Healthy living practices are of great benefits to the child because they reduce the risk of developing life threatening diseases, increase the enjoyment a child gets from life and help a child to live an active and healthy life to old age. These practices include activities which:

- guarantee the child's physical wellbeing/development like nutrition, personal hygiene, providing safe/secured environment for plays and exploration, (free from harm), good, shelter, clothing, preventing and attending to illness,
- promote the child's psychosocial well-being like providing security, socialisation, nurturing and giving affection;
- promote the child's mental/emotional development (facilitating the child's interaction with others outside the home, within the community and at school (Evans & Myers, 1994).

The importance of care-givers can never be over-emphasized in children's healthy living practice. In the context of this write-up, care-givers include parents, house-helpers and school teachers. It is important to recognize parents as their children's first and most enduring educators and the value for supporting them has been clearly evidenced by a number of research studies. Desforges and Abouchaar (2003) in their studies discovered that the influence of the home learning environment was enduring, pervasive and direct. They concluded that the influence of what parents do with their children at home has a significant positive or negative effect on children's well-being and achievement. As care-givers they are in a unique position to influence the lives of the children in their care by providing suitable experiences that will enable them to understand what healthy living practices entail which will help them take responsibilities for their own health and well-being (Crouter & Booth, 2004). This they added can only be possible with parents that have the understanding.

Concerning the physical well-being of children, they need appropriate nutrition. The importance of adequate energy and nutrient intake, consumed in a loving and supportive environment cannot be over-emphasised (Samour, Helm & Lang, 2002). According to Matthews, Youngman and Neil (2004), a developing foetus depends completely on its mother's blood. In other words, the nutritional status of the foetus is determined by the mother's caloric intake, appropriate levels of proteins, vitamins and minerals. Children can be malnourished or be low in birth weight depending on the mother's nutritional intake. One aspect of maternal nutrition

which is of particular importance is folic acid intake. According to Ramakrishnar (2004) who reported that the United State Public Health Service recommends that pregnant women must consume a minimum of 400 micrograms of folic acid per day because a lack of it is linked with neural-tube defects in the offspring such as spina bifida. This can be available in natural foods like orange juice, spinach than through supplements (Langley – Evans & Langley – Evans, 2003).

Concerning the physical well-being of children, Obinaju (2000) emphasized the importance of balanced diet to the healthy living of the child. She quoted Maslow's hierarchy of needs as including adequate and balanced diet among the physiological needs of the child. Obinaju further asserted that what underscores the provision in terms of nutrition are awareness and economy; and in most cases, though the average Nigerian family may be aware, their financial power pushes them into providing what is available because of affordability. Obinaju pointed out that today the present day Nigerian child is fed more with carbohydrate diet and insufficient quantity if at all, of other nutrients like protein, calcium, fat and oil, among.

Research Objectives

1. To determine the influence of the awareness of parents on children's healthy living practices.
2. To examine the influence of the awareness of school teachers on children's healthy living practices.
3. To assess the influence of the awareness of house helps on children's healthy living practices.

Research Questions

1. In what way does parents' awareness influence children's healthy living practices?
2. In what way does the awareness of school teachers influence children's healthy living practices?
3. In what way does awareness of house help influence children's healthy living practices?

Research Hypotheses

1. There is no significant influence of parents' awareness on children's healthy living practices.
2. There is no significant influence of school teachers' awareness on children's healthy living practices.
3. There is no significant influence of awareness of house helps on children's healthy living practices.

Area of Study

The research area for this study was Oruk Anam Local Government Area of Akwa Ibom State with the headquarters at Ikot Ibritam, Oruk Anam. It is made up of two clans – Oruk and Anam.

Population of Study

The population comprises of all school children of ages 10 – 14 years in Oruk Anam Local Government Area, but there is a dearth of population information on this in Oruk Anam Local Government Area. The population of all primary school children within this age limit stands at 200,730 (males, 106,892, females 93,838) in Akwa Ibom State. This figure also covers all the age 10 – 14 years in Oruk Anam Local Government Area. Out of this, 100 children were selected for this study, 50 pupils each from the two clans (Source: National Population Commission, 2006: Akwa Ibom State Priority Tables).

Design of Study

The research design used for this study was expost facto research design. This design was necessary because the variables under consideration had already existed.

Sample of the Study

The sample of this study comprised of 100 children selected and only from the two clans using simple random sampling technique. 50 children were selected from each of the two clans.

Reliability of the Instrument

Split-half approach was adopted to estimate the reliability. The average scores of the respondents in the two halves were subjected to Pearson's Product Moment Correlation Analysis (PPMC), the correlation coefficient (roe) was used to determine the reliability coefficient R as follows:

$$R = \frac{2roe}{1+roe}$$

The result of the analysis showed the reliability coefficient of .74 which was high enough to justify the use of the instrument.

Method of Data Analysis

The researcher used Dependent t-test and Analysis of Variance (ANOVA) to test the hypotheses.

Data Analysis, Results and Discussion of Findings

Hypothesis Testing

Hypothesis 1: There is no significant influence of parents' awareness on children's healthy living practices.

Table 1
Dependent t-test Analysis of the Influence of Parents' Awareness on Children's Healthy Living Practices

N = 100

Variables	X	S	D	d ²	t-cal
Parents awareness	11.5	1.43	-812	7409	28.29*
Children's healthy living practices	20.2	2.15			

*Significant at .05 level, df = 99, t-crit = 1.96

From Table 1, the obtained t-value was (28.29), while the critical t-value was (1.96) at 99 degree of freedom and at .05 alpha level. The result showed that the calculated value was higher than the critical value, hence the influence was highly significant. Therefore, the null hypothesis above was rejected while the alternative one was upheld.

Hypothesis 2: There is no significant influence of school teachers' awareness on children's healthy living practices.

Table 2
Dependent t-test Analysis of the Influence of School Teachers' Awareness on Children's Health Living Practices

N = 100

Variables	X	s	d	d ²	t-cal
School teachers awareness	13.7	1.42	-809	7213	31.14*
Children's healthy living practices	20.2	2.15			

*Significant at .05 level, df = 99, t-crit = 1.96

From Table 2, the obtained t-value was (31.14), while the critical t-value was (1.96) with 99 degree of freedom and at .05 alpha level of significance. The result showed that the calculated value was higher than the critical value; hence the influence was highly significant. Therefore, the null hypothesis 2 was rejected while the alternative one was upheld.

Hypothesis 3: There is no significant influence of house help awareness on children's health living practices.

Table 3
Dependent t-test Analysis of the Influence of House- Help Awareness on Children's Health Living Practices

N = 100					
Variables	X	s	t	d	t-cal
House helps Awareness	10.9	1.52			
Children's healthy living practices	20.2	2.15		-713 6240	20.86*

*Significant at .05 level, df = 99, t-crit = 1.96

From Table 3, the obtained t-value was (20.86), while the critical t-value was (1.96) at .05 alpha level with 99 degree of freedom. The calculated t-value (20.86) was greater than the t-crit value of (1.96). Hence, there was positive significant influence. Therefore, the null hypothesis 3 was rejected while the alternative one was retained.

Table 4
Analysis of Variance of the Combined Difference of the Care-givers Awareness Variables on Children's Health Living Practices

Variables	SS	df	MS	F-cal
Between groups	5617.66	3	1872.55	
Within groups	3735.38	396	9.43	198.57*
Total	6353.04	399		

*Significant at .05 level, F-crit = 2.60

From Table 4, the obtained F-value was (198.57), while the critical F-value was (2.60) at .05 alpha level with degree of freedom (3/396). The calculated value was greater than the critical value, hence, the positive significant difference. This means that care-givers influence awareness has positive significant influence on children's health living practices.

practices more than the house helps awareness. This unfolds the place of formal education on people's socialisation. By implication, children learn and appreciate more facts about life in school than any other place. They also learn some basic principles about healthy living practices at homes as well as do put them into practice. In summary, more of what the child knows about healthy living practices is a function of what he/she learns at school and at home through teachers' efforts, parents' efforts and the contribution of the house helps.

Recommendations

1. Community health education should be given to parents and the general public on children's healthy living practices.
2. Follow up visits to homes should be carried out to ensure that children's healthy living practices are carried out.
3. Teachers as educationist should be well trained so as to be able to inculcate healthy living practices to their pupils.

References

- Achalu, E. I. (2009). *Concepts and definitions in community healthy, prevention and social medicine and nursing*. Port Harcourt: University of Port Harcourt press.
- Bebibiafia, I. A. (2000). The socialisation of the Nigerian Child. In: Q. I. Obinaju (Ed). *The Nigerian child: His education in a sociological and psychological environment*. Lagos: IVY Press Ltd.
- Crouter, A. C., & Booth, A. (2004). Work-family challenges for low-income parents and their children. Mahwah, NJ: Erlbaum.
- Desforjes, C., & Abouchaar, A. (2003). The impact of family involvement parental support and family education on pupil achievement and adjustment: A Literature Review.
- Evans, J. L. & Myers, R. G. (1994). Child rearing practices: Creating programmes where traditions and modern practices meet: *Coordinators Note Book No. 15*.
- Langley-Evans, S. C., & Langley-Evans, A. J. (2003). Use of folic acid supplements in the first trimester of pregnancy *Journal of the Royal Society of Health*, 12 (2), 181 - 186.
- Matthews, F., Youngman, L., & Neil, A. (2004). Maternal circulating nutrients concentrations in pregnancy weights of term infants. *American Journal of Clinical Nutrition*, 7(2), 103 - 110.
- Obinaju, Q. I. (2000). The Nigeria child in a changing society. In Q. I. Obinaju (Ed.) *The Nigerian child: His education in a sociological and psychological environment*. Lagos: IVY Press Ltd.
- Odiri, O. E. (2011). The influence of the teachers' attitude on students learning of mathematics in Nigerian secondary schools. *Journal of Research in Education and Society*, 2(1), 15 - 21.
- Samson, B. O., Helga, K. K., & Lange, C. H. (2002). *Handbook of pediatric nutrition* (2nd ed.) Aspen. Aspen Co.

QUESTIONNAIRE **CARE-GIVERS AWARENESS QUESTIONNAIRES ON CHILDREN'S** **HEALTHY LIVING PRACTICES (CAQCHLP)**

Section A: Demographic Data

Instruction: Please tick (✓) any of the columns that corresponds with your opinion.

1. Sex: Male ☐ Female ☐
2. Age: 6 – 12 years ☐ 12 – 17 years ☐
3. The Class of the Child: Primary five ☐ Primary six ☐

Section B: Variables of the Study

Instruction: Please tick (✓) any of the items that suits your opinion. "SA" means Strongly Agree, "A" Agree "D" Disagree and "SD" Strongly Disagree.

S/ N	ITEMS	Responses			
		SA	A	D	SD
	Parents Awareness of Healthy Living Practices				
4	My father provides enough money for our daily feeding				
5	My parents provide a variety of fruits to us after meals every day				
6	My parents always allow us to play on our own both indoors and outdoors				
7	There is always cordial relationship in our family				
8	My parents use both orthodox and traditional medical care on us when we are ill				
	Teachers' Awareness of Children's Health Living Practices				
9	I am taught in school to eat balanced diet				
10	I am taught to take my bath at least twice a day				
11	I am taught to brush my teeth morning and evening				
12	At school there is always time for play and recreation				
13	My teacher sometimes uses corporal punishment on us.				
	House-helpers Awareness of Children's Health Living Practices				
14	Our house help prepares delicious meals like my mother does				
15	Our house help always uses pleasant words on us when dealing with us				
16	Our house help does not allow us to play on our own but always supervises us				
17	Our house help takes us to a health post when we are sick and give parents money				

18	Our house help assists us to take our bath morning and evening				
Based on, the Level of care-givers Awareness on Children's Healthy Living Practices listed above					
19	I eat three times daily in our family				
20	In our family, we always eat together in a peaceful atmosphere				
21	I am not always left alone when food is shared				
22	My parents, teachers and house helps are always around me				
23	I am always disciplined when I misbehave				
24	The interpersonal relationship in our family influences our emotional wellbeing				
25	I always wash my hands with soap and water after toilet				
26	I always wash my hands with soap and water before and after eating				
27	I always clean my teeth every morning either with tooth paste and brush or chewing stick				
28	I always brush my teeth every evening before going to bed				