Journal of Research and Practice in Childhood Education

Vol. 2 No 2 August, 2016

ISSN: 2488-8664

Association For Childhood Educators Nigeria (ACEN) Journal

CARE GIVER VARIABLES AND HEALTHY LIVING PRACTICES IN UYO SENATORIAL DISTRICT OF AKWA IBOM STATE

Prof. Queen I. Obinaju
Faculty of Education
University of Uyo

Dr. Immaculata G. Umoh
Department of Early Childhood and Special Education
University of Uyo
And
Mr. Inibehe E. Ekanem
Department of Early Childhood and Special Education
Faculty of Education
University of Uyo, Uyo, Akwa Ibom, State

Abstract

The study investigated caregivers' variables and children's healthy living practices in Uyo Senatorial District of Akwa Ibom State. To conduct the study, the researchers adopted Expost facto research design. The population for this study consisted of all Nursery 2 pupils and their caregivers in the 382 public and 271 approved private schools in Uyo Senatorial District comprising 201, 5000 pupils and caregivers. A sample size of 4,030 Nursery 2 pupils and their caregivers was drawn from the population. This was obtained through proportional stratified random sampling technique. Two instruments (Caregivers Variables Questionnaire CVQ) and Children's Healthy Living Practices Questionnaire (CHLPQ) were used to gather information for this study. These instruments were duly validated with the help of experts and were subjected to reliability test using Cronbach alpha technique. The data collected were subjected to analysis and interpretation using analysis of variance (ANOVA). Findings reveal that caregivers' variables have a strong influence on children's healthy living practices. It was found out that caregivers' educational background, socio economic status, age have significant influence on children's healthy living practices. Based on the findings, it is recommended that the government should define an overall health policy and within this policy, give the highest priority to the strengthening of child health services. The Ministry of Women Affairs and Social Welfare should enlighten caregivers and guardians of children to

attend free and compulsory education. Children must be important participants in all aspects of school health programmes which will help them acquire the knowledge, values, attitudes and skills needed to adopt healthy lifestyles and to support health and education for all.

Introduction

Children's healthy living practice is a holistic approach encompassing many aspects of life. To be healthy, according to Achalu (2009), means to be in a state of enjoying good health. Healthy living is the practice of health enhancing behaviours, or put simply, living in healthy ways. It implies the physical, mental and spiritual capacity to make healthy choices (Ukoha, 2009). It has to do with healthy eating, physical activity and their relationship to healthy weights (Udoh, 2006). For this study, children's healthy living practices refer to the process of maintaining or enhancing good health and behaviour. It involves healthy and nutritious diet, regular exercise, social and emotional well-being, personal hygiene, adequate rest and relaxation, safe and secure environment, play and recreation, avoiding alcohol and tobacco, good source of water supply, among others.

Practice means habitual action or performance, a repeated exercise requiring the development of skills. It is the act of rehearsing behaviour over and over or engaging in an activity again and again, for the purpose of improving or mastering it (Adams, 2007). It is a method of learning and acquiring experience. Practice is the actual application or use of an idea, belief or method as opposed to theories relating to it. It is the customary, habitual, or expected procedure or way of doing something or maintaining proficiency in it (Abel, 2002).

Thompson (2006) opined that to receive adequate healthy living, people need to consume a healthy diet, which consists of a variety of nutrients. Thus, a healthy diet enables people to maintain a desirable body statue and composition and to perform their daily physical and mental activities. Adamu (1999) observed that most children born in developing countries die before their fifth birthdays; this is caused by inadequate nutrition and poor health. Therefore, a large majority of children's death in developing countries can be preventable with a combination of good health care, adequate nutrition and appropriate medical treatment.

The importance of healthy living practices during early life cannot be underestimated because of its necessity to individual growth and daily activities (World Health Organization WHO, 2005). Our knowledge of

adequate healthy living has been increased these last years in such a way that it is easier to achieve adequate healthy living in order to achieve better quality life, and increase the average life time of a person or certain population. Nzeribe (2009) highlighted the goals of adequate healthy living practices thus:

> *Maintaining a normal weight through a perfect combination of a healthy diet and physical exercise; balancing the diet through the whole day instead of balancing every single meal; reducing saturated fat; drinking enough water through the whole day; increasing the consumption of fruits; vegetable and legumes to satisfy the needs of vitamin, mineral and fibre; reducing the amount and frequency of consumption of meat, eggs and hard cheese; completely eliminating the consumption of industrially manufactured products; dramatically reducing the consumption of sugar, keeping the consumption of sodium below a maximum of 2,400 milligrams per day and keeping alcohol consumption at minimum levels. P49.*

Healthy living practices are of great benefits to the child against developing threatening diseases; increasing the enjoyment a child gets from life and helping a child to live an active and healthy life to old age. These practices include activities which, guarantee the child's physical well-being /development like nutrition, personal hygiene, providing safe/secured environment for play and exploration, (free from harm), food, shelter, clothing, preventing and attending to illness; promote the child's psychosocial well-being like providing security, socialization, nurturing and giving affection. It also promotes 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 p. 131).

Karen (2008) outlined the following healthy living practices to be carried out by care-givers: bathing people especially children under 5 years, washing clothes and bedding, removing wastewater, sewage and rubbish, maintaining food hygiene and water quality, reducing crowding, controlling dust, controlling temperature in living areas (housing based on climatic needs and planting of trees, reducing risk situations (trauma), controlling insects

and pests (flies, cockroaches and mosquitoes). Certain people are more susceptible to insufficient healthy living practices than others, for example, individuals in rapid growth period such as infants, young children and pregnant women. Those living in deprived socio-economic circumstance or who lack adequate sanitation, education or means to procure food that are nutritionally rich, are also at risk (WHO, 2005).

The importance of caregivers can never be over emphasized in children's healthy living practice. In the context of this study, caregivers include parents, school teachers, class assistants and house-helps. A caregiver is someone who is responsible for the care of someone who has poor mental ability, physically disabled or whose health is impaired by sickness or old age (Fiese, 2006). Caregiver may be prefixed with "family", "spousal", "child", "parent" or "adult" to distinguish between different care situations and also to distinguish them definitively from the paid version of a caregiver, a personal care assistant or personal care attendant (PCA). The term "care" may also be used to refer to a paid, employed, contracted PCA (Griggs & Flouri, 2009). A caregiver is an unpaid or paid relative or friend of a disabled individual who helps that individual with his or her activities of daily living. More recently, carers are defined as people who "provide unpaid care by looking after an ill, frail or disabled family member, friend or partner" (Nduka, 2005).

Desforges and Abouchaar (2003) in their studies discovered that the influence of the home learning environment was enduring, pervasive and direct. Desforges and Abouchaar (2003) 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 caregivers, they are in unique positions 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 (Ubom, 2004). This, Ubom (2004) added, can only be with parents that have the understanding of caregiver-child interaction for survival and healthy development. Caregivers have many roles. They serve as home health aids and companions. They may help feed, dress and bathe the children. Caregivers arrange schedules and provide transportation. They are housekeepers and still meet the needs of other family members (Nduka, 2005). As caregivers, they have a huge influence on children both positively and negatively on how to deal with illness, eating healthy meals or getting enough rest. Caregivers help with many things such

as helping the children eat; helping the children go to toilet, bathe and dress, shopping for food and cooking, cleaning the house, giving medicine to children, providing company and emotional support (Agbe, 2005).

Parents and caregivers make sure children are healthy and safe, equip them with the skills and resources to succeed as adults and transmit basic cultural values to them.

The care that children receive has powerful effects on their survival, growth and development. Care refers to the behaviours and practices of caregivers (mothers, siblings, fathers and child care providers) to provide the food, health care, stimulation and emotional support necessary for children's healthy survival, growth and development (Nzeribe, 2009). Not only the practices themselves but also the way they are performed in terms of affection and responsiveness to the child. Caregiving behaviours are mediators between social, health and caregiver attributes and the child's survival, growth and development. They are the key determinant of the quality of environment provided for children.

Concerning their physical well-being, children need appropriate nutrition. According to Matthew, 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 protein, 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 Ezewu (2004), the United States 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, 2003). Feeding constitutes a very important part of the child's progressive development from birth. The child grows at a tremendous rate during his first year and he needs a proper diet to enable this tremendous rate of growth to occur. Therefore, nutrition and health affect children's cognitive, motor and behavioural development.

The caregivers owe it as a responsibility to the children entrusted to their care to help them maintain their physical, emotional and social health through the inculcation of appropriate health knowledge, attitudes and behaviours. All health concepts can be treated at the level of the child and with the advancement in years while in school, he can grow in knowledge

which will shape his attitude and behaviour for both the present and the future. Babies whose needs are met quickly and warmly (like feeding, changing, holding/cradling, and soothing them) achieve a crucial developmental task-attachment.

Bond of affection between caregiver and children is necessary for a healthy caregiver-child relationship, and also extends to relationships between children, their siblings, and other family members (like grandparents, aunts/uncles, among others) and caregivers. When infants attach successfully to their parents and caregivers, they learn to trust that the outside world is a welcoming place and are more likely to explore and interact with their environment. This lays the groundwork for further social, emotional and cognitive development (Kreppner, 2000). Isangedighi (2007) found that relationships between children and caregivers that are warm, open and communicative are associated with higher self-esteem, better performance in school, good healthy habits and fewer negative outcomes such as depression or drug use in children and teenagers. In addition, cross-cultural differences in caregiving are strongly related to attitudes, beliefs, traditions and values of the particular culture or ethnic group within which the family belongs. These caregiving practices are also related to the social and economic context in which these families are situated.

The importance of caregivers' education in the enhancement of child health is well-established (Strauss & Thomas, 2005). The authors confirmed that caregivers' schooling has strong positive effects on child health, height, weight and nutrition. This is obtained through caregivers' access to information (that is, exposure to media), direct acquisition of basic health knowledge in school and exposure to modern society. By so doing, their propensity to use preventive and curative medicines and treat childhood illnesses will be enhanced. Caregivers may have limited education, intelligence and little knowledge of child development and importance of play in child development which can influence child help outcome (World Bank, 2000).

Most children are kept at home and in school with the caregivers while the parents are away to offices, farms and other businesses until evening when they return home. Every child born into a family depends on the caregivers to shape his/her behaviour and health from infancy to adulthood. Members of these families have the unique roles of socializing the young child. The parents see to the development of the child physically,

mentally, emotionally, socially, psychologically as well as teaching the child how to speak.

In Uyo Senatorial District, the parents help in inculcating in the young ones the habit of using words to suit situations. Every parent teaches the child what to say, how to say it, how to greet people depending on the time of the day and saying thank you to somebody after receiving favours. They also teach the child toileting, eating habits, personal hygiene, regular exercise and play, rest and relaxation, among others. At about the age of six or seven, the child is sent on errands. During this period, the child is introduced to means of livelihood peculiar to the culture of the area.

The influence of caregivers' variables is important as it has been seen that poor health in children is associated with low educational attainment, worse health and inferiority labour market outcomes in adulthood (Currie, 2004). Young children are exposed to a variety of caregivers' variables which affect their overall wellbeing, health, academic success and social behaviour. Such variables include: caregivers' age, marital status, experience, attitude and caregivers' culture or belief system. Understanding these variables will help caregivers understand these influences affecting children and their behaviours. Caregivers are the most significant in a child's environment because the child sees them as being capable of promoting or diminishing them in self-worth. They play a significant role in self-definition and they serve as models for the child's own behaviour (Ayeni, 2006). Hence, discordant and quarrelsome caregivers produce aggressive and delinquent children. Neglected children get easily frustrated, aggressive and have poor self-concept and a negative attitude towards life.

Statement of the Problem

Children's unhealthy life style is one of the major problems of modern societies. A child is a helpless individual who cannot provide his basic needs. He depends on his parents and other significant adults for the provision of daily needs.

We observed that millions of young children suffer different unhealthy conditions such as nutritional deficiencies and frequent infections. The population of children affected by these infections includes the school aged children. Other unhealthy conditions include poor physical resources, such as overcrowded homes with poor sanitation and lack of water supply, few household possessions, lack of good food, insecurity and low income, poor personal hygiene, exposure to alcohol and tobacco, lack of rest and

recreational facilities, lack of regular exercise and poor interpersonal relationship. Also, the child faces many crises like hunger, lack of protection, lack of love, among others. Lack of physical activities has led to the continuous increase of the percentage of children's poor or unhealthy lifestyle (Ubom, 2004).

However, there is increasing evidence that the high level of nutritional deprivation among children, especially in the developing world combined with the heavy burden of diseases in this age group has negative consequences for a child's long term overall development. These groups of children come from poor socio-cultural environments and suffer from a myriad of deprivations and disadvantages that could be detrimental to their intellectual and behavioural development.

The essential component of every caregiver's responsibility is to ensure that children are healthy and able to learn but where caregivers lack knowledge, experience, resources and good attitude, infant growth and health care is compromised. The influence of what caregivers do with children has a significant positive or negative effect on children's well-being and achievements. Societal expectations have brought about questions like: Are the caregivers actually performing these healthy living practices? What types of healthy living practices are acceptable in contemporary society? And what characteristics of caregivers affect the practices of healthy living amongst children? Therefore, it is necessary to examine the influence of caregivers' variables on children's healthy living practices in Uyo Senatorial District of Akwa Ibom State with a view to enhancing the health status of children in the area.

Purpose of the study

The main purpose of this study was to investigate caregivers' variables and children's healthy living practices in Uyo Senatorial District of Akwa Ibom State.

Specifically, the study sought:

1. To determine the influence of caregivers' educational background on children's healthy living practices in Uyo Senatorial District.
2. To ascertain the influence of caregivers' socio-economic status on children's healthy living practices in Uyo Senatorial District.
3. To find out the influence of caregivers' age on children's healthy living practices in Uyo Senatorial District.

Hypotheses

The following null hypotheses were proposed and tested at 0.05 level of significance.

1. There is no significant influence of caregivers' educational background on children's healthy living practices in Uyo Senatorial District.
2. There is no significant influence of caregivers' socio-economic status on children's healthy living practices in Uyo Senatorial District.
3. There is no significant influence of caregivers' age on children's healthy living practices in Uyo Senatorial District.

Research Method

The researchers adopted "Ex-post facto" research design for the study. The population for this study consisted of all Nursery 2 pupils and caregivers in the 382 public and 271 approved private schools in Uyo Senatorial District. This is estimated at 201,500 children and caregivers.

A sample size of 4,030 Nursery 2 pupils and caregivers was drawn from the population. The sampling method for this study was the proportional stratified random sampling technique to enable fair representation of the population of the study with respect to selecting schools for selection of respondents.

Sixty-Seven (67) public and approved private schools were systematically selected for the study. This was obtained by randomly selecting both public and private schools in each Local Government Area making up Uyo Senatorial District.

In each public and approved private school, five percent (5%) of the total number of children both male and female in Nursery 2 classes belonged to the sample. Thirty (30) pupils per school were selected. The strategy was to select those whose ages fall between 4 to 5 years. The reason for choosing this age is that it is assumed that they are naïve and would give accurate and unbiased information about themselves.

Simple balloting was used. The researcher wrote numbers on pieces of papers and mixed with papers without numbers written on them; then in Nursery 2 "A", pupils were required to pick and those with numbers on their papers were given questionnaire to fill.

In carrying out this study, two sets of instruments were constructed for data collection. They are:

Caregivers' Variables Questionnaire (CVQ), and Children's Healthy Living Practices Questionnaire (CHLPQ).

The CVQ was divided into two sections A and B. Section A contained personal information about the caregivers such as educational background, socio-economic status, age while section B contained forty (40) statements on the variables of the caregivers such as experience (knowledge and skills), attitude towards children, culture and beliefs. The statements were structured on a 4-point Likert scale. Each of the positive statements attracted marks from 4,3,2,1 while the negative statements attracted reverse score, 1,2,3,4 respectively.

The Children's Healthy Living Practices Questionnaire (CHLPQ) was constructed to gather information on healthy living practices such as nutritional status, personal hygiene, social and emotional well-being, safe and secured environment, rest and recreation, infection and diseases, among others. It contained 30 statements structured on a 4-point Likert scale.

For the purpose of this study, the researcher gave orientation to two research assistants, one week to the administration of the instrument on how to administer the instruments.. The researchers and the research assistants visited all the sampled public and approved private schools and obtained permission from the School Heads to administer copies of the questionnaire on the caregivers and children. The nursery 2 teachers and class assistants were consulted directly with caregiver's questionnaire. Instructions guiding the filling of the instrument were given to the respondents. Questions were entertained from the respondents to enable them completely answer their questions. Before the children were given questionnaire to fill, all the children above the age of 5 and below the age of 4 years were removed from the class. Ballot papers with numbers written on them and without numbers were mixed together for the children to pick; those with numbers on their papers were selected. The researchers and the research assistants read items on Children's Healthy Living Practices Questionnaire (CHLPQ) to them to ensure accurate understanding. The children answered orally while the researchers and research assistants ticked the chosen options by the children.

Teachers and children were requested to give true and unbiased responses to items in Caregivers' Variables Questionnaire and Children's Healthy Living Practices Questionnaire (CVQ and CHLPQ). Caregivers' Variables Questionnaire were sent to their caregivers at home in an envelope through these children. All the completed CVQ and CHLPQ were retrieved on the spot. Caregivers' Variables Questionnaire sent to caregivers at home

were retrieved after two days. It took a period of one month to administer the instrument in all the sampled schools.

All statements favouring caregivers' variables and children's healthy living practices were scored as follows: Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2, Strongly Disagree (SD) = 1. Conversely, all statements, not favouring caregivers' variables and children's healthy living practices were scored with the reverse as follows: Strongly Disagree (SD) = 4, Disagree (D) = 3, Agree (A) = 2, Strongly Agree (SA) = 1.

The data obtained were analysed using analysis of variance (ANOVA).

Results

Hypothesis One

There is no significant influence of caregivers' educational background on children's healthy living practices in Uyo Senatorial District.

Table 1: One-way Analysis of Variance of the Influence of Caregivers' Educational Background on Children's Healthy Living Practices in Uyo Senatorial District

Variables	N	$\bar{X}$	SD
Low	1696	62.00	6.11
Average	1273	74.51	5.16
High	1061	82.19	6.43
Total	**4030**	**71.27**	**10.29**

Source of variation	**SS**	**df**	**Ms**	**F**
Between group	285701.46	2	142850.73	4081.01*
Within groups	140960.18	4027	35.00	
Total	**426661.64**	**4029**		

*Significant at .05 alpha level, df = 2 and 4027; Critical F = 2.99

Table 1 presents the calculated F-value of (4081.01). The value was tested for 2 degrees of freedom and was found greater than the critical value. Hence, the result is significant. The result therefore means that there is a significant influence of caregivers' educational background on children's healthy living practices in Uyo Senatorial District. The significance of the

result caused Post Hoc test to be done in order to find the independent groups between which the significant difference lies.

Table 2: Post Hoc Test of the Influence of Educational Background and children's Healthy Living Practices

(I) EDU	(J) EDU	Mean Difference (I-J)
LOW	AVERAGE	-12.50746*
	HIGH	-20.19416*
AVERAGE	LOW	12.50746*
	HIGH	-7.68669*
HIGH	LOW	20.19416*
	AVERAGE	7.68669*

From the result in Table 2, it is observed that the significant difference lies among all the independent groups with the least significant difference (7.69) lying between respondents identified with high and average educational levels.

Hypothesis Two

There is no significant influence of caregivers' socio-economic status on children's healthy living practices in Uyo Senatorial District.

Table 3: One-Way Analysis of Variance of the Influence of Caregivers' Socio-Economic Status on Children's Healthy Living Practices in Uyo Senatorial District.

Variables	N	$\bar{X}$	SD
Low	1272	59.83	5.55
Medium	1910	73.34	4.97
High	848	83.75	6.30
Total	**4030**	**71.27**	**10.29**

Source of variance	SS	df	Ms	F
Between group	306637.18	2	153318.59	5144.07*
Within groups	120024.46	4027	29.81	
Total	426661.64	4029		

*Significant at .05 alpha level, df =2 and 4027; critical F = 2.99

Table 3 presents the calculated F-value as 5144.07. The value was tested for significance by being compared with the critical F-value (2.99) at .05 level with 2 and 4027 degree of freedom and was found greater than the critical value. Hence, the result is significant. The result therefore means that there is significant influence of caregivers' socio-economic status on children's healthy living practices in Uyo Senatorial District. The significance of the result caused Post Hoc test to be conducted in order to find the independent groups between which the significant difference lie.

Table 4: Post Hoc Test of the Influence of Caregivers' Socio Economic Status and Children's Healthy Living Practices

(I) SES	(J) SES	Mean Difference (I-J)
LOW	MEDIUM	-13.50698*
	HIGH	-23.91667*
MEDIUM	LOW	13.50698*
	HIGH	-10.40969*
HIGH	LOW	23.91667*
	MEDIUM	10.40969*

From the result in Table 4, it is observed that the significant difference lies among all the independent groups with the least significant difference (10.41) lying between respondents identified with high and medium socio-economic status.

Hypothesis Three

The null hypothesis states that there is no significant influence of caregivers' age on children's healthy living practices in Uyo Senatorial District.

Table 5: One-Way Analysis of Variance of the Influence of Caregivers' Age on Children's Healthy Living Practices in Uyo Senatorial District

Group	**N**	**X**	**SD**
Younger Age (15-24)	424	54.00	5.01
Middle (25-34)	1484	65.29	3.65
Older (35-60)	2122	78.90	6.62
Total	**4030**	**71.27**	**10.29**

Source of variance	**SS**	**Df**	**Ms**	**F**
Between group	306637.18	2	153318.59	5144.17*
Within groups	120024.46	4027	29.81	
Total	426661.64	4029		

*Significant at .05 alpha level, df =2 and 4027; critical F = 2.99

Table 5 presents the calculated f-value as (5144.17*). The value was tested for significance by being compared with the critical f-value (2.99) at .05 level with 2 and 4027 degree of freedom and was found greater than the critical value. Hence, the result was significant. The result therefore means that there is significant influence of caregivers' age on children's healthy living practices in Uyo Senatorial District. The significance of the result caused Post Hoc test to be prepared in order to find the independent groups between which the significant difference lies.

Table 6: Post Hoc Test of the Influence of Caregivers' Age and Children's Healthy Living Practices

(I) Age	(J) Age	Mean Difference (I-J)
Younger Age	Middle	-11.28571*
	Older Age	-24.90104*
Middle	Younger Age	11.28571*
	Older Age	-13.61532*
Older Age	Younger Age	24.90104*
	Middle	13.61532*

From the result in Table 6, it is observed that the significant difference lies among all the independent groups with the least significant difference (11.29) lying between respondents identified with middle and younger.

Discussion of Findings

The result of the study as presented in Table 9 was significant because the obtained f-value (4081.01) was greater than the critical f-value (2.99) at .05 levels with 2 and 4027 degree of freedom. This result implies that there is a significant influence of caregivers' educational background on children's healthy living practices in Uyo Senatorial District. The significance of the result is in agreement with the opinion of Inkel (2006) who stated that the acceptance of new ideas through teachers is the foundation for inculcation of good health habits in young children. It also revealed that teachers of young children must be well educated to expose them to a change of attitude towards good healthy upbringing of their pupils. Where these category of teachers are not educated, the children under their care suffer from unhealthy life orientation. The result is supported by the opinion of Thomas (1990) who explained that both parents' and teachers' education have a large, independent and significant positive association with children's healthy living practices, but where they lack education or knowledge the child will also lack good health training and good nutrition.

This result is however not in agreement with the previous opinion of McDonald & Preston (2005) who reported that in most developing countries, there is no 'threshold' level of caregivers' education that needs to be reached before the benefits of caregivers' education on child health materialize and even small levels of education improve child survival.

The result of data analysis in Table 3 was significant because the obtained f-value (5144.07) was greater than the critical f-value (2.99) at .05 level with 2 and 4027 degree of freedom. The result therefore means that there is a significant influence of caregiver's socio-economic status on children's healthy living practices in Uyo Senatorial District. The significance of the result is in agreement with the idea of Abiola (2001) who observed that caregivers' socio-economic status is a key factor that influences quality of life for children, youth and families. According to Chen and Paterson (2006), socio-economic status affects human functioning in many ways, including development across the life span, psychological health, and physical health.

The result is supported by the opinion of Fajemilehin (2009) that most of the house helps as caregivers under higher socio-economic families, raised children with good care, better housing and nutrition than those with small or no resources (low socio-economic status) which afterward affects their quality of life. Also, Adams (2003) observed that increased income leads to improved health. Jim (2007) supported this assertion that financial resources have significant influence on health status and behaviour patterns of children. He also added that children growing up in low-income environments have lower-than-average levels of health and education achievements.

The result of the study is in line with the earlier findings by Odiri (2011) that children raised under poor income caregivers suffer incidences of adverse health, developmental, and other outcomes than those raised by high income caregivers.

The result analyzed on Table 5 was significant because the obtained f-value (5144.17) was greater than the critical f-value (2.99) at .05 level with 2 and 4027 degree of freedom. This result implies that there is significant influence of caregivers' age on children's healthy living practices in Uyo Senatorial District.

The significance of this result is supported by the opinion of Fajemilehin (2011) who revealed that age was a major prediction of quality and positive health behaviours among the elderly. He added that elderly caregivers from time to time surely have influence on decision making about health care needs of children, and they always indulged in more positive health behaviour than the younger ones. Akinpelu (2004) found that children who had lived with elderly caregivers had better health and good lifestyle practices while children under young caregivers managed to get along with other children later in life.

The findings of the study confirmed the earlier position of Nicholas (2005) that the elderly caregivers are involved in several activities to occupy themselves. Among such activities are caring for the younger off-spring, being a housewife, preparing of food for the family and also engaging in the cleaning of the immediate environment. He added that children nurtured under these groups of persons likely eat regularly and eat well, bath twice daily, cut their nails often, wear clean clothes and go to bed early at night.

Conclusions

Based on the findings of the study, the researchers conclude that caregivers with high level of educational background promote proper children's healthy living practices than those with low education or no education at all.

Also, caregivers with high socio-economic status encouraged good children's healthy living practices than those with low socio-economic status.

In addition, elderly caregivers embraced good children's healthy living practices than younger ones.

The study has many implications in education. Sensitive and responsive caregiving by teachers and other caregivers help every child to develop physically, socially, emotionally and psychologically healthy. Also, inadequate, disrupted and negligent care has adverse consequences for the child's survival, health and overall development.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. The government should review an overall health policy, and within this policy give the highest priority to the strengthening of child health services. In developing a child health policy, all appropriate sectors should be involved, particularly the health, education, community development, Agriculture and family representatives.
2. The Ministry of Women Affairs and Gender especially the Department of Social Welfare and Non-Governmental Organizations (NGOs) concerned with issues of children should carry out public enlightenment programmes on the negative effects of illiterate women and caregivers in different communities in the state and encourage parents, caregivers and guardian of children to attend some education provided by the government.
3. Children should participate in all health activities in order to learn about health by doing. This is an effective way to help young people acquire the knowledge, attitudes, values and skills needed to adopt healthy lifestyles and to support health and education for all.
4. Government should organize workshops and seminars for all caregivers on child care, growth and development. This medium will encourage some single parents, inexperienced and young caregivers on how to adopt recommended methods of child care practices.

References

Abel, S. P. (2002). *Infant Care Practices in Nigeria.* Ile-Ife: University of Ife Press.

Achalu, E. I. (2009). *Concepts and Definitions in Community Health, Prevention and Social Medicine and Nursing.* Port Harcourt: University of Port Harcourt Press.

Adams, K. M. (2003). *Health of Poor Income Earners: A Review for Better Survival.* Port-Harcourt: Lantern publishers.

Adams, L. E. (2007). Child Rearing Practices and Attitude of Parents in Ebonyi State. *Unpublished M. Ed. Thesis*. University of Nigeria Nsukka.

Adamu, F. (1999). Maternal Social Support as a Predictor of Mother-Child Stress and Stimulation. *Child Abuse and Neglect.* 4(10): 463.

Agbe, K. B. (2005). Family Caregivers and Responsibilities. In F. Y. William (ed). *Parenting Styles Today.* Owerri: UPL Press.

Akinpelu, D. E. (2004). Early Marriage in Eastern Nigeria and the Health Consequences of Vesico-Vaginal Fistulae (VVF) among Young Mothers. *Gender and Development.* 11 (2):70.

Cohen, L. and Manion, L. (2000). *Research Method in Education.* London: Routledge.

Desforges, C. and Abouchaar, A. (2003). The Impact of Family Involvement Parental Support and Family Education on Pupils' Achievement and Adjustment: A Literature Review.

Evans, J. I. and Myers, R. G. (1994). Child Rearing Practices: Creating Programmes where Traditions and Modern Practices Meet: *Co-ordinators Note Book.* No. 15.

Fajemilehin, B. R. (2009). *Caring, Health and Longevity*. 221 Inaugural Lecture delivered at Obafemi Awolowo University, Ile-Ife, Nigeria on 12th May. Obafemi Awolowo University Press Ltd.

Fajemilehin, B. R. (2011). *Children Expectation and Social Support from Elderly Parents in Yoruba Communities of South Western Nigeria*: Lagos: IVY Press.

Fiese, B. H. (2006). *Family* Mealtimes: Opportunities for Child and Family Health and Wellbeing. (PDF, 1.29 MB). CYF NEWS (pp. 2-4).

Griggs, L. and Flouri, Z. E. (2009). Grand Parenting and Adolescent Adjustment in Two Parent Biological. *Journal of Family Psychology.* 23 (1): 67.

Inkel, P. (2006). *Values Inculcation at Home*. New York: McGraw.

Jim, U. M. (2007). Financial Resources of Parents and Behavior Pattern of Children. In: Akaji O. S. (Ed.), *Education and Behaviour.* Benin City: Ethiope Pub. Cop.

Karen, T. S. (2008). *Health Counseling: A Microskills Approach.* Canada: Jones and Batiette Publishers.

McDonald, S. and Preston, T. W. (2005). *Gender Influence on Child Health.* Britain: Population Division.

Nduka, O. (2005). *Parenting and Child Care.* Enugu: Pan Africa Publishers.

Nicholas, S. L. (2005). *Quality of Life in Older Ages.* Port Harcourt: UPL.

Nzeribe, A. (2009). *Helping Children Grow.* Calabar: Macmillan Publishers.

Odiri, U. (2011). Becoming a Street Child in Poverty Ridden Society. *Child Abuse and Neglect*. Kaduna: UPL Publishers.

Thomas, L. (1990). *Teachers' Education and Students' Training: The Way Forward.* Abuja: Macmillan Publishers.

Thompson, N. A. (2006). *Healthy Lifestyle.* Abuja; Aspen Aspen Co.

Ubom, T. C. (2004). Exploring the Presence of Imitation during Early Caregiving. *Child Development. 15 (*55): 381.

Udoh, C. O. (2006). Healthful Living. In H. Wass (Eds). *Helping Children Cope with Health*. Ibadan: Macmillan Press.

Ukoha, A. (2009). Health Care and the Growth of Children (0-5yrs). Seminar Paper on Health Education.

Umoh, I. G. (2015). Care-giver variables and healthy living practices in Uyo Senatorial District of Akwa Ibom State. *An Unpublished Ph.D Theses,* University of Uyo, Uyo

World Health Organization (WHO)(2005). *Active Aging: a Policy Framework.* Geneva: World Health Organization.

Zirpoli, T. J. (2000). Parental Influences on Young Children. *Journal of Environmental Disorders.* 7 (14): 73.