

Attitudinal Difference Among Women Of Different Educational Status Towards Infant And Mother Care

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Abstract: Children are the gem of the future. They contribute utmost to the national development of a country. If a country has healthy population, it can fight against all odds. In order to achieve this women come into the forefront. Women in their development process become mothers. A healthy mother can only give rise to healthy babies. The concern for the health of women is very significant and thus cannot be neglected. Against this back drop our present study aims to find out the relationship between women's educational level and their attitudinal difference towards infant and personal care. The effect of marital status and location variations- rural and urban areas of Nadia district are also taken into consideration. The statistical analyses reflect mothers with higher educational status have positive attitude towards mother (personal) and infant care. The rural women lag far behind their urban counterparts in this respect. There is no significant difference between married and unmarried women in attitude towards infant and mother care.

Keywords: mothers; infant care; attitude; educational level; marital status; rural, urban

Introduction

Tropical countries usually have young population, about half of which are children, among whom there is much ill-health mothers at stake. They too are sometimes responsible for their and baby's ill- health [1]. The incidence of deaths and diseases in the newborn babies and mothers in the tropics are difficult to estimate. Both are certainly frequent due to unknown health care, general infections, etc. The unhealthy baby is at risk due to birth injury from unskilled midwifery to lower birth rate and to congenital abnormalities[2]. The infant mortality rate (or deaths in the first year of life/thousand babies born alive) is high. In the tropical regions it is often between 75-100[3]. The mother's general health is not paid attention from the very beginning of their life as a baby girl. If a country has healthy mothers then it would have a healthy population[4]. India if taken into account does not pay much attention to women's status in terms of education, nutrition, hygiene, medical facilities, financial break etc. Since an infant is very much dependent on mothers physical, social and psychological well being, it should be taken into consideration to keep mothers healthy[5]. The situation is often made more difficult by insufficient coverage of health services. This is due to lack of funds and over emphasis on expensive hospitals and physicians in urban areas. Communication disparities also play an important role in the form of well informed urbans' and less informed rural [6]. Rural women have meager community participation with emphasis on prevention. They are shrouded by age old customs, black magic, superstitions, omen, beliefs, worn-out practices, etc. Not to mention that lack of education, information, knowledge, awareness, health-care strategies are also a major cause[7]. Infants and mothers are often called an 'at risk' group. Infants frequently acquire health-related problems

which could be prevented if the parents of the children have basic educational background and understandings of the diseases and ways to avoid becoming ill[8-10]. In many developing countries like India, Pakistan, Sri Lanka, Nepal, Bangladesh, Burma etc., the decision makers in families do not give attention and priority to the health of women who are daughters and mothers in the long run [10]. Spread of education has been regarded as the drug for amelioration of various problems plaguing the society[11]. Education has done miracles in many fields of everyday life. It has made modern man and woman more adequately equipped to face and solve various multi faceted problems that intervene with their balanced life. The population explosion coupled with the increase in the literacy curve, has resulted in a stronger literate mass. Through the spread of knowledge, though much has been achieved much abides. In the quest to understand whether education could or can help us in protecting our valuable national future we have considered the various aspects of society like educational levels, residential backgrounds and marital status. The present study aims to explore whether education has any impact on women's attitude towards personal care, child birth and rearing. The study further investigates into the disparity among rural and urban women regarding mothers' and would be mothers personal and child care practices. This work also focuses on difference in attitude among married and unmarried women about mother and child nurture.

Material and Methods

Sample: The population for the sample was 400 women residing in rural and urban areas of Nadia district, West Bengal. The women fall under different educational levels- illiterate, primary educated (upto fourth standard), secondary educated (up to tenth standard) and higher educated (graduated and above). Location variations of the samples were equally divided among rural and urban residents. Marital status of the women was also taken into account. Purposive random sampling method was adopted for data collection in December 2007. The detail breakup of the sample is given in Figure 1.

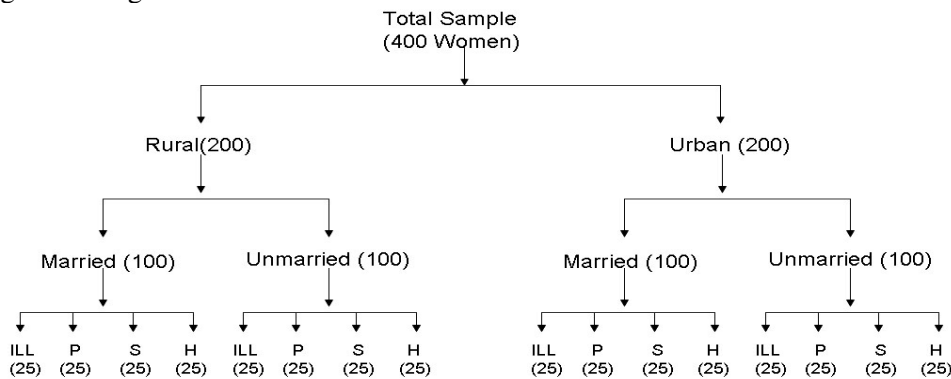


Figure 1: Detailed Breakup of the survey. A total of 400 women were surveyed taking 200 each from urban and rural locations. The urban and rural samples are further divided into 100 married and unmarried counterparts. These were further categorized under Illiterate (ILL), Primary educated (P), Secondary educated (S) and Higher Educated (H).

Tools: The survey was conducted with the help of a self made attitude scale. The initial form of the scale consisted of 70 items on a three point Likert type of rating scale. Each item was provided with three alternative responses such as strongly agree (SA), partially agree (PA) and disagree (D). The attitude scale consisted of sufficient number of favourable and unfavourable items. The six dimensions on which the items were prepared are education, superstition, hygiene, environment, economic condition, knowledge (nutrition, nurturance, care, etc.).

Standardization of the Attitude scale: Standardization was carried out through pre-tryout on sixty women residing in Nadia district, West Bengal. Based on their responses, item analysis was executed by means of calculating popularity index and discrimination index[12]. The final draft of the attitude scale consisted of fifty items covering six dimensions. There were twenty-seven favorable and twenty-three unfavorable items. All favorable items were scored from maximum to minimum as three, two, one and unfavorable items were scored from minimum to maximum as one, two and three. The maximum score of the attitude scale was one hundred and fifty and the minimum score being fifty. Reliability and validity of the scale was ensured. The present test ensures a high content validity. The test- retest method indicates a high positive correlation value of +0.94, indicating the attitude scale as highly reliable.

Procedure:

The subjects were approached personally in their residential area and after establishing rapport, attitude scale was administered in convenient groups of 25 women at a time. The scoring was done with the help of scoring key of the attitude scale.

Statistical Analysis: Mean and standard deviation was calculated and 't' test was employed between different educational status, location variation and marital status of women for the interpretation of data.

Results:

Table 1. Statistical comparison among different educational status group of women about attitude towards infant & mother care

Sl. No.	Comparison Between groups	Sample No.	Mean	S.D.	Df	t-value	Significant at 0.01 level
1.	Primary educated	100	75.8	5.10	99	79.54	Yes
	Illiterate group	100	55.2	4.28			
2.	Secondary educated	100	101.2	5.77	99	175.52	Yes
	Illiterate	100	55.2	4.28			
3.	Higher educated	100	130.4	8.41	99	162.66	Yes
	Illiterate	100	55.2	4.28			
4.	Secondary educated	100	101.2	5.77	99	117.33	Yes
	Primary educated	100	75.8	5.10			
5.	Higher educated	100	130.4	8.41	99	113.18	Yes
	Primary educated	100	75.8	5.10			
6.	Higher educated	100	130.4	8.41	99	81.98	Yes
	Secondary educated	100	101.2	5.77			

Table 1 depicts the statistical comparison of attitude among the different educational status of women surveyed. It shows educational status is responsible for a significant difference in attitude among different groups studied. The t values were significant at 0.01 levels in all the groups tested.

Table 2. Statistical comparison among location variations of women about attitude towards infant & mother care

Sl. No.	Comparison Between groups	Sample No.	Mean	S.D.	Df	t-value	Significant at 0.01 level
1.	Urban	200	96.2	29.72	199	35.74	Yes
	Rural	200	85.1	26.84			

It is verified from Table 2, the mean scores of rural group was 85.10 ± 26.84 against 96.20 ± 29.72 of the urban group. The t values were significant at 0.01 level. From this statistical analysis we can assure that the attitude of urban and rural groups of women differs significantly towards infant and mother care. On the contrary the mean scores obtained by unmarried groups compared to their married counterparts were insignificant at both 0.05 and 0.01 levels in case of both rural and urban areas (Table 3). Thus it can be said that the attitude of married and unmarried women does not differ significantly towards infant and mother care.

Table 3. Statistical comparison among marital status of women about attitude towards infant & mother care

Sl. No.	Comparison Between groups	Sample No.	Mean	S.D.	Df	t-value	Significant at 0.01 level
1.	Married (Urban)	100	96.23	29.84	99	0.054	No
	Unmarried (Urban)	100	96.17	29.76			
2.	Married (Rural)	100	85.5	29.00	99	0.713	No
	Unmarried (Rural)	100	84.7	24.63			

Discussion

Keeping in view the objective of the study, the scores obtained was worthwhile in promoting the fact that education plays a pivotal role in gaining knowledge, awareness and attitude towards infant and personal care of a mother (or women). This was further strengthened in the present study through the statistical analysis which proved that illiteracy and low educational background are responsible for low attitude towards mother and infant care. The finding was in line with that of UNFPA^[11] that education of mothers keeps her baby safe. The hierarchy of attitude found in the present research reveals by reflecting higher educated groups leading ahead of secondary, primary and lastly illiterate groups of women. The results are in agreement with those of Baglio and Spinelli's [13] survey in the recent past in Spain which conveys that educational level of women are directly linked with personal care and infections of their babies. Similar results were registered by Shariff and Singh[14]and Sundelin *et al* [15]. which further documented that information sources

such as radio, television, etc. are complementary to women's education in increasing the utilization of health care. In India as in other developing countries acute infections are a major cause of morbidity and mortality of children under two years. In order to correlate the literacy status of women with their understandings of infant and personal care, a survey was conducted in the Department of Community Medicine of Jawaharlal Nehru Medical College, Aligarh. They are of the view that literacy status affects the health, nutrition and well-being of mothers and infants. In this regard, the present study also put forward that the rural women with same educational level are far behind their urban counterparts. If we turn the pages of history, we find such a review in "The Statesman" [16], "On the urgency of education on rural uplift". The access to various media of communication is not sufficient for rural residents. Hence there exists a wide disparity in attitude, awareness knowledge, etc. towards infant and mother care. Moreover the rural women are shrouded with age-long traditions and worn-out practices. This keeps them at bay in attaining and utilizing actual modern issues and knowledge therein [17]. The next dimension of the present study dealt with an interesting fact. To our despair, shocking results were found between the attitude of married and unmarried women towards infant and mothercare. The outcome reveals that the scores of attitude between the two groups are insignificant. This may raise several eyebrows. Young mothers scored extremely low whereas unmarried women possessed high scores. This is due to the fact that young unmarried women are exposed to various arenas of information. A survey by Pallavi and Anthony in October 2002 [18] summarizes that infant born to younger mothers reflect poor nutritional status than their elder counterparts coupled with higher incidence of their life risk. Under the auspices of this work it can be detailed that education affects the attitudinal difference in women towards infant and mother care.

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