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Comparative Study on Caring Practices of Housewives and Working Mothers with Pre-schoolers (3-5 Years)

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Abstract

Good caring practice enhances a child's development and is one of the three underlying causes of malnutrition and the least investigated. This study aims at assessing the differences between the caring practices of housewives and working mothers with pre-schoolers (between the ages of 3-5 years). This comparative study on caring practices was carried out among 215 mothers with pre-schoolers between the ages of 3-5 years in predominantly urban areas of Ilorin, Kwara State. Caring practices were assessed with the aid of semi-structured questionnaires. Data were analyzed using SPSS 23.0 and STATA statistical software to generate frequencies, percentages, test relationships between variables through cross-tabulations using chi-square. The test of significance was set at $P < 0.05$. The time spent away from home had a significant effect on the duration of exclusive breastfeeding, time at which complementary feeds were introduced, frequency, and types of illness. There was no significant effect on antenatal clinic attendance, place of delivery, assistance at delivery, and immunization. Maternal income had a significant effect on all the child care practices except the place of delivery and assistance at delivery. Mother's educational status also had a significant effect on child care practices. Working mothers had better caring practices because of their access to income aside from that of their spouses and also their level of education. For mothers to provide the necessary and good care for the pre-schoolers, some level of education is required, hence, priority should be given to the education of girl children and enhancing the legal and social status of women.

Keywords

Care, Caring Practices, Housewives, Working Mothers, Pre-schoolers

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1. Introduction

Care is a provision in the household and community of the time, attention, support, and skills to meet the physical, mental and social needs of the growing child and other household members. [1] The combination of evidence regarding the importance of caregiving behavior for good nutrition and improved strategies for measuring behavior has led to a renewed interest in care. [2, 3] Caring capacity includes the ability to use human, economic, and organizational resources for the benefit of education, knowledge and culture, time, and control of resources including income. It involves facilitating the optimal use of household food resources for family feeding and parenting

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resources to protect the family from infection and to care for a sick child or other vulnerable members of the household. And when this is not done, it leads to malnutrition, which is a major cause of childhood mortality and morbidity, especially in sub-Saharan Africa. However, it has been reported that Chronic malnutrition is a continuous rate among infants and children in developing countries [5]. Care refers to the behavior and practices of caregivers (Mothers, siblings, fathers, and children's providers) to provide the food, health care, stimulation, and emotional support necessary for children's healthy survival, growth, and development. [6].

Nutrition knowledge should be largely diffused to the public through the mass media, knowledge particularly given to women is a powerful weapon against malnutrition since increased knowledge and skills enable women to earn higher incomes and thus enhance household food security and improve the quality of day-to-day care women gives themselves and all members of their household, especially children. It empowers women to make optimal choices for nutritious and safe food. Women seem to be motivated to change during pregnancy and in the postpartum period, thus it is important to determine whether they have appropriate knowledge of food intake guidelines that have been developed by health authorities. [7]

Mothers of severely malnourished children are often those with low self-esteem, low confidence, and less education, while a positive deviance study has shown that mothers of children who grow well despite adverse socio-economic constraints are highly motivated and spend more time on quality care. [35] Women's income-generating work diverts time from child care and other household production to its money-making activities. The net impact of increased income and decreased maternal childcare is a function of the quality of substitute child care [2, 7, 8, 9]. In most developing countries, the mother is usually the primary caregiver for the infant and the very young child, but in the common extended family, grandmothers, siblings, the father, other family members, and people outside the family often contribute to child care. The care of a child and their survival, growth, and development strongly depend on the mothers - the primary caregiver. For children, care must be directly related to their developmental needs: as these changes over time, so will the nature of and need for care. The pattern and quality of care should correspond with the infant's developmental stages (physical, psychosocial, and social maturity), as each stage has its vulnerable points. [6].

Child-care has become a major issue in most countries of the world. It is a universal truth that children require the love of a mother the most. It is a very hard decision for a mother to choose between working out of the home and staying home with the children. [10]

In every society around the world, women are assigned by custom to be the primary caregivers to infants and children [11] Activities carried out by women such as breastfeeding, preparing food, collecting water and fuel, and seeking preventative and curative medical care is crucial for children's healthy development. [12]

It is usually believed that the employment of a mother has a certain effect on the overall growth and development of children. The first five years are very crucial for the cognitive, affective, and psychomotor development of children. The care and affection necessary for children at an early age are not replaceable. It influences the later life of children. Household mothers can perform a good job in training and educating their children. [13] The rush of married women into the workforce runs against traditional thinking that women must choose between family and career. Many observers condemned working mothers as selfish, unnatural, and even dangerous to their children and society [14] It complained that the rise in juvenile delinquency could also be attributed to women who are working mothers, but the needs and requirements of the family unit will always supersede ill-defined logic. Poor-quality day care services can hamper a child's emotional and social development. Under-qualified and over-burdened staff and poor facilities at the day care can affect your child's physical and psychological health. Mothers might feel over-burdened and weary of trying to balance work and family. If mothers bring their frustration home, children could develop a negative attitude. They could perceive her work as a source of distress for their family [15].

"Freud stated that lack of infant-mother attachment may induce children's vulnerability to development". A study conducted in California has given somewhat negative evidence of the impact of maternal employment in the sense that, job stress hampers sound parental care. That is mothers' behavioral change due to work pressure and this may responsible for the children's improper mental development. [17]

Women also play essential roles as generators of family income, whether in household farms or businesses or as wage employees. In developing countries, especially, such work is most likely to be essential to family survival [12].

A working mother with some sense of accomplishment and satisfaction can serve as a good role model for her children. Children can get inspired to pursue their dreams and ambition. The mother who effectively manages work and family, it develops ethical value towards working with their children. They could help their daughters break stereotypes and work for whatever they wish to accomplish in life. Working mothers have to manage a plethora of activities.

They encourage their children to take responsibility. With both parents working, each family member has to play a more active role. Children learn skills that they would not have learned otherwise. Raising independent children prepares them for the real world and inculcates in them a sense of responsibility. Working mothers spend quality time with their children to compensate for the amount of time they do not spend together. Children also look forward to spending time with their parents. They do not take their mother's attention for granted. Children of a stay-at-home mother might get used to their mother's attention round the clock and fail to acknowledge her efforts. Working mothers can ensure financial solvency along with self-confidence, social awareness, and other attributes, and another school of thought said that working mothers always deprive their children of early maternal care and thus affect their mental development. [15]

Children constitute the majority of the population in developing countries. Pre-schoolers are used in the case study because of their vulnerability and accessibility. Negative effects of a mother working on a child's nutritional status are presumed to occur through the lack of caregiving (including breastfeeding) likewise positive effects are also presumed to occur through increase or control of income by the mother. [36]

2. Methodology

2.1. Research Design

The descriptive survey research design was used for this study. The choice of descriptive survey research design enabled the researcher to carefully describe and explain factual and detailed information on the opinion of the respondents. Descriptive survey research is a commonly used approach to research in which the researcher wants to explore or identify what is going on in a given situation.

2.2. Study Population

The population of the study was obtained from three schools that were randomly selected from the three local governments within the Ilorin metropolis.

2.3. Ethical Approval

The application for ethical approval was obtained from the school's authority and education board before the study, while informed consent was read and signed by the parents who were willing to allow their child to take part in the study.

2.4. Research Instrument

The mothers who had pre-schoolers between the ages of 3-5 years were administered.

The instrument used was a pre-tested semi-structured questionnaire administered. The questionnaire included closed and open-ended questions on personal data and care practices. Questions were asked about the bio-data of the mother such as age, marital status, and measures of socioeconomic status.

Questions about child care practices included questions about the pre-schooler from the onset of pregnancy to the present age.

2.5. Data Analysis

The data collected were analyzed by the computer using the Statistical Package for the Social Sciences (SPSS) version 23, Inc. Chicago, IL, USA) and STATA statistical software to generate frequencies, percentages, test relationships between variables through cross-tabulations using Chi-square.

3. Results

Table 1. Child Care Practices with the level of Education.

EDUCATIONAL STATUS OF MOTHERS	CHILD CARE PRACTICES		
	POOR (%)	FAIR (%)	GOOD (%)
None	2(33.3)	4(66.7)	
Pry Sch Edu		4(100.0)	
Sec Sch Edu	1(1.8)	46(80.7)	10(17.5)
Tertiary Edu	9(6.3)	111(77.6)	23(16.1)
Total	12	165	33

None (0%) of the mothers with primary school good child care practices while 100% had fair child care practices. Among the mothers with secondary school education, 17.5% had good caring practices, 80.7% had fair child-caring practices and 1.8% had poor child care practices. Mothers with good child care practices among those with tertiary education were 16.1% and 77.6% had fair child care practices while 6.3% had poor child care practices, but for the housewives, 4.3% had no education, 6.5% had only primary school education while 37.0% had secondary school education 52.1% had tertiary education as at the time of the study. The working mothers who had no education were 2.4%, 0.6% had primary school education while 26.1% had secondary school education. Tertiary education was completed by 70.1% of the working mothers.

Table 2. Showed working mothers' occupation and Hour spend at work.

Occupation		Hours spent at work	
Traders	32(18.9)	< 4 hrs	3(1.8)
Teachers	31(18.3)	4 hrs	6(3.6)
Nurses	17(10.1)	6 hrs	40(23.7)
Civil servant	67(39.6)	8 hrs	79(46.7)
Others	22(13.0)	>8hrs	41(24.2)

The working mothers included petty traders (18.9%),

teachers (18.3%), nurses (10.1%), civil servants (39.6%), and others in private establishments including the banking sector (13.0%).

Among the working mothers, 1.8% spent less than 4 hours at work while 3.6%, 23.7%, 46.7%, and 24.2% spent 4 hours, 6 hours, 8 hours, and above 8 hours respectively at work.

Table 3. Comparative Analysis of Duration of Exclusive Breastfeeding between Housewives and working mothers.

DURATION OF EXCLUSIVE BREASTFEEDING	HOUSEWIVES (%)	WORKING (%) MOTHERS
Less than 3 months		6(3.6)
3 months	6(13.0)	24(14.2)
4 months	2(4.3)	31(18.3)
5 months	8(17.4)	14(8.3)
6 months	30(65.2)	94(55.6)
Total	46(100.0)	169(100.0)

The table above shows the duration of exclusive breastfeeding and the time at which complementary feeds were initiated among housewives and working mothers. None of the housewives (0%) exclusively breastfed for less than 3 months, while 65.2% breastfed exclusively for 6 months. Thirteen percent (13%) of the housewives breastfed exclusively for 3 months, 4.3% breastfed for 4 months and 17.4% breastfed for 5 months. For the working mothers, 3.6% breastfed exclusively for less than 3 months, while 55.6% exclusively breastfed for 6 months. Those that breastfed exclusively for 3 months were 14.2%, 4 months were 18.3% and for 5 months were 8.3%.

Table 4. Age of introducing complementary feeds by the mothers.

AGE OF INITIATION OF COMPLEMENTARY FEEDS	HOUSEWIVES (%)	WORKING MOTHERS (%)
3 months	2(4.3)	15(8.9)
4 months	7(15.2)	37(21.9)
5 months	2(4.3)	22(13.0)
6 months	20(43.5)	38(22.5)
Above 7 months	15(32.6)	57(37.7)

The working mothers that introduced complementary feeds at 3 months were 8.9% while 21.9%, 13%, 22.5%, and 33.7% introduced complementary feeds at 4 months, 5 months, 6 months, and above 6 months respectively. The housewives that introduced complementary feeds at the age of 3 months were 4.3% while 15.2%, 4.3, 43.5%, and 32.6% introduced complementary feeds at 4 months, 5 months, 6 months, and above 6 months respectively.

Table 5. Shows the attendant of the antenatal clinic of Housewife and Working mothers.

Time	House wife	Working mothers
Once	3(6.5)	1(0.6)
3-4	1(2.2)	13(7.7)
>4	42(91.3)	155(91.7)

The percentage of the housewives that attended antenatal clinics once during pregnancy was 6.5% while 2.2% and 91.3% attended the clinic, four times and more than four times respectively. Only 0.6% of the working mothers attended the clinic three times while 1.2%, 6.5%, and 91.7% attended the clinic twice, four times, and more than four times respectively.

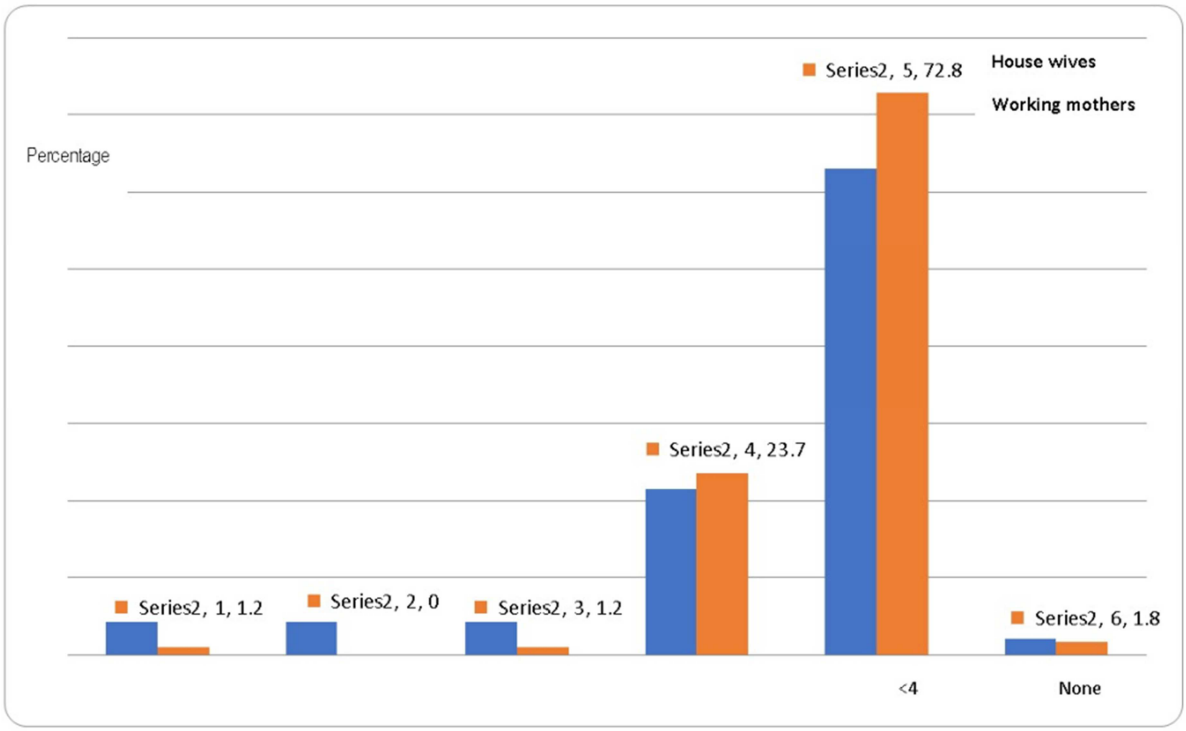

Figure 1. Frequency of Immunisations given to the Pre-schoolers.

The number of times (frequency) the mothers took their pre-schoolers for immunization is shown in the figure 1. For the housewives, 2.2% did not take their pre-schoolers for immunization at all while 63.0% and 21.7% attended immunization clinics more than four times and four times respectively. Those that attended immunization clinics once, twice, and three times were 4.3% for each of them. Among the working mothers, 1.2% attended immunization clinics once while 1.2%, 23.7%, and 72.8% attended immunization clinics three, four, and more than four times respectively. Those that did not attend immunization clinics among the working mothers were 1.8%.

Table 6. Frequency of illness among the pre-schoolers.

FREQUENCY OF ILLNESS IN THE PREVIOUS MONTH	HOUSEWIVES (%)	WORKING MOTHERS (%)
Once	15(32.6)	94(55.6)
Twice	15(32.6)	41(24.3)
More than three	1(2.2)	4(2.4)
None	15(32.6)	30(17.8)
Total	46(100.0)	169(100.0)

Pre-schoolers that were ill more than three times were 2.2% among the housewives, while 32.6% were ill once and twice respectively in the previous month. Those that were not ill were 32.6%. Among the working mothers, 17.8% were not ill while 2.4% were ill more than three times, the pre-schoolers that were ill once and twice in the previous month were 55.6% and 24.3% respectively. The pre-schoolers who had malaria were 48.4% among the housewives, 48.4% also had cough while 3.2% had other illnesses such as headaches, dysentery, and diarrhoea. For working mothers, 67.6% had malaria fever, 29.5% had cough while others were 2.4%.

4. Discussion

The results showed that there is a significant difference between the educational level and caring practices of housewives and working mothers. Educational status had a significant effect ($P < 0.05$) on child care practices with a P-value of 0.006. Among the mothers, those that had no formal education and had poor child care practices were 33.3% while 66.7% had fair care practices and no one had good child care practices. Good child practices may be attributed to the fact that high percentages of both housewives and working mothers that had tertiary education have an excellent manner of taking care of their children as a way to protect their children from all forms of infection and diseases and for total wellbeing. This is contained in the review of morbidity in breastfed and artificially fed infants [18]. It was also, reported in other studies; agreed with work done in Jamaica [19], Bolivia [20], and Kenya [21, 22] which established maternal education with nutrition outcomes among children in studies in various settings. [23] stated that the level or grade of malnutrition in children is significantly and directly related to the mother's educational status. [24, 39, 40, 41] China study also has shown that maternal education has a positive effect on both infant and childhood health. The study showed that mothers who complete basic education help build the kind of behaviours and habits that have a positive impact on children and are also capable of providing quality care for their children [25] According to this study majority of working mothers were civil servants, teachers, and nurses it has been noted that working mothers had better resources because they earn income when compared with the housewives who had to solely depend on the feeding allowances given by their spouses but Bangladesh study found a negative association with the nutrition status of children [26] but [27] revealed that control of income by women is linked to better household food security. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life and thereafter, good, nutritious, and safe complementary foods are to be introduced while the mother continues to breastfeed the infant till the age of two years or beyond [28]. [29] reported that lack of formal education, monthly income less than 100$, and lack of husband's support is associated with the practice of exclusive breastfeeding. However, the introduction of complementary foods before age 4 months could be too early because infants are not developmentally ready for complementary foods [30], and Infants who are introduced to complementary foods too early may have an increased risk for multiple health-associated problems [31]. In line with the study [32] also find out that exclusive breastfeeding up to 6 months of age not encouraged among the babies of working mothers even when they have a good start. Unfavorable workplace environment and maternity leave of fewer than 6 months are the main contributing factors for reduction of exclusive feeding up to 6 months of age other studies have also shown that women wean their children earlier and introduce complementary feeds earlier. This study is in agreement with previous studies that, more housewives exclusively breastfed their infants for 6 months or more when compared to the working mothers [33. 34, 28, 32,]. Another study stated that women with a high level of education and family income breastfeed for a shorter period than the illiterate group. [35, 36, 33, 34]. The time spent away from home on paid employment among working

mothers had a significant effect on the duration of exclusive breastfeeding and the time at which complementary feeds were being initiated. The majority of working mothers spent long hours at work between 8 hours and more and before getting home it would have been so late because of traffic especially those working in cities, this could have been one of the factors that would deny the working mothers breast in the night especially in the midnight.

The study showed that income had a significant effect on the attendance of antenatal clinics. The results of a study revealed that the major reasons for inadequate utilization of antenatal care services were financial problems, unawareness about the importance of Antenatal Care services [37]. The study has shown that a good percentage of working mothers attend ante-natal clinics more than four times compared to a housewife for a reason stated above not waiting or depending on the husband for every need, this may post difficulties for housewives. However, the World Health Organization (WHO) stated that only about half of all pregnant women receive the recommendation of a minimum of four antenatal care visits, as indicated by global estimates [38]. Furthermore, figure 1 has shown the frequency of taking their children for immunization, the effect of income also reflects on how frequently both housewives and working mothers visit the clinic for immunization of their children. The figure indicated that working mothers visit the clinic for immunization as at when due. According to the results of the study, the majority of working mothers took their children for immunization more than four times. The effect of immunization is shown on the frequency of illness on respondents of housewives compared to working mothers.

5. Conclusion and Recommendation

In conclusion, mothers should provide necessary and better care for their preschoolers and, priority must be given to the education of the girl child and thus enhancing the legal and social status of women.

A further research study is recommended to examine other prevailing factors that may affect mothers in taking appropriate care of their children, most especially preschoolers

Government and non-governmental organizations should contribute to their quota to educate, empower, and finance women of the reproductive stage to increase their wellness, and once this is done the entire household is settled.

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I acknowledged all the authors quoted but their names were omitted or not quoted

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