



## HEALTH KNOWLEDGE ON CHILD-REARING PRACTICES OF MOTHERS IN BARANGAY CALAMBA, CEBU CITY, PHILIPPINES

Grace C. Arcamo<sup>1</sup> and Luisa C. Aton<sup>2</sup>

<sup>1,2</sup> Faculty, College of Nursing and Allied Health Sciences, Cebu Institute of Technology University

**Abstract** – The purpose of this study is to determine the demographic profile of the mothers, their level of health knowledge on child-rearing practices and whether there is a correlation between the demographic profile and health knowledge on child-rearing practices, including feeding practices, hygiene practices and care of the sick practices. Thus, the paper was to ascertain the link between these factors Mothers in Barangay Calamba, Cebu City, (N = 239) were asked to complete a questionnaire on demographic profile and level of health knowledge on child-rearing practices. The present study investigated on the contextual gap based on factors that affect parenting effectiveness on strategies to strengthen parenting capacity. The questionnaire consists of closed-ended questions, which means that respondents select their answers from a predetermined list of options. A form comprising closed-ended questions. through the use of descriptive and inferential statistics (Chi-square test).. The study's result revealed that most mothers in Barangay Calamba, Cebu City were adults aged 30-39 years old and have reached College level. Although the majority of the mothers were Christian Catholics, as findings showed there was no significant correlation between religion and their health knowledge on child-rearing practices. Overall, maternal education, age, monthly income, and number of births were significantly related to health knowledge on child-rearing practices. These findings provided valuable insights into the factors influencing maternal decision-making regarding child health and well-being.

**Keywords:** *Health Knowledge, Child Rearing Practices, Parenting health, hygiene practices,*

*Feeding practices*

### Introduction

Parents are among the most influential people in their children's life (Derasin, 2024). From birth, children learn and rely on mothers, as well as other caregivers acting in the parenting role, to look out for and care for them and chart a path that supports their general well-being (Derasin and Derasin, 2024). Motherhood refers to the experience of having the role of a mother, when a woman has a child of her own, she is considered to have entered motherhood (Canque et. al., 2019. This happens to parents the vast majority of the time when their child is born, but it can also take place as a result of adoption, marriage, or cohabitation with someone who already has children. However, this is also a concept that becoming a parent can also be referred to in its more gender-specific form as motherhood (Jones, 2017).

According to Siojo (2016), the Philippines is a country rich in beliefs, the majority of which are held by Filipinos in large part because they believe that they have nothing to lose if they adhere to these ideas. They fear for their families' well-being as well as their communities if they give up these beliefs



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because they believe that doing so will bring about negative consequences. Additionally, their cultural ideas and practices have already integrated elements of their attitudes, behaviors, and cognitive makeup. According to Buhr (2020) Research on health beliefs and child rearing practices is essential to ensure that parents and caregivers are equipped with the necessary information to provide optimal care for their children. These practices encompass a broad range of topics, including nutrition, hygiene, sleep, exercise, safety measures, and disease prevention. Understanding these practices can have a significant impact on a child's physical and mental development, academic performance, and overall well-being. Research has shown that parents who possess adequate health knowledge and implement appropriate child rearing practices can significantly improve their child's health outcomes. In addition, parents who participate in educational programs or receive guidance from healthcare providers on best practices tend to have healthier children.

Conducting a study about health knowledge on child-rearing practices can also provide valuable insights into the factors influencing maternal decision-making regarding child health and well-being. Such a **study can help identify areas where mothers may have knowledge gaps or misunderstandings about child health and development**, as well as cultural or social factors that may affect their knowledge and practices. Understanding maternal health knowledge and child-rearing practices can also help inform the development of effective interventions to improve child health outcomes. If a study finds that a significant number of mothers hold misconceptions about the benefits of breastfeeding, interventions could be designed to provide accurate information and support to help mothers make informed decisions about feeding their infants. Additionally, understanding maternal health knowledge and child-rearing practices can help healthcare providers and policymakers better tailor their services and policies to the needs of mothers and children. For instance, a study may find that certain cultural or social factors influence mothers' beliefs and practices, and this information could be used to design culturally appropriate interventions or policies that take these factors into account. Overall, studying mothers' level of health knowledge on child-rearing practices can help improve our understanding of the factors that affect child health and development, and can inform the development of effective interventions and policies to support maternal and child health.

Mothers' health knowledge on child-rearing methods have a significant influence on how parents may adequately and safely raise and interact with their children. This study aimed to assess and describe health knowledge on child-rearing practices of mothers in Barangay Calamba Cebu City, Philippines. Specifically, this study aimed to analyze the relationship between the demographic profile and the health knowledge on child-rearing practices in Barangay Calamba Cebu City, Philippines to devise a program about proper child-rearing practice.

## Methods and Materials

This study utilized Descriptive-correlational research design to determine the demographic profile of the respondents in terms of age, education, religion, and number of children they have. Also, to find out the level of the health knowledge on child-rearing practices of the respondents and to analyze the relationship between the demographic profile and the health knowledge and child-rearing practices of mothers in Barangay Calamba Cebu City, Philippines.

This study utilized purposive sampling. Purposive sampling was used by quantitative researchers to identify individuals who can have the characteristics needed to the sample under study and is required as the researcher is aware of the purpose of the study in order to correctly choose and approach eligible respondents (Jordan, 2021). The strata of this study are mothers in Barangay Calamba, Cebu City, Philippines. The characteristics of the strata are the following: mothers aged 18 to 59 years old regardless of they have been pregnant once or multiple times.

The research instrument utilized in this study is a researcher-made questionnaire. The questionnaire was the primary tool for gathering data in the research study. To ensure that the respondents could understand the survey form, the questionnaire was translated into Cebuano, a local language. The translation was evaluated and revised through a focus group discussion consisting of 8 researchers who shared ideas and suggestions. The questionnaire consists of closed-ended questions, meaning that respondents select their answers from a predetermined list of options. A form comprising closed-ended questions and a self-administered questionnaire since respondents complete it on their own, without the assistance of an interviewer (Wolf, 2011). To ensure the safety of both researchers and respondents, the questionnaires were administered through online forms. The questionnaire comprises a total of 30 items, which are organized into three subscales: Feeding Practices (FP), Hygiene Practices (HP), and Caring Practices (CP). Each subscale consisted of ten items, making a total of thirty items in the questionnaire. The item within each subscale focuses on a specific aspect aimed to assess the corresponding aspect of practices related to feeding, hygiene, and caring.

### *Data Analysis*

The researchers utilized descriptive statistics for the demographic characteristics of the respondents. Then, they used chi-square to analyze the correlation between the health knowledge on child-rearing practices of mothers and to evaluate the impact of their demographic profile on the variables, respectively. They utilized a significance level  $p$  value = 0.05 to determine the statistical significance of the results.

### *Ethical Consideration*

CIT-U's Institutional Ethics Review Committee (IERC) approved this research before data gathering started. The researchers secured the informed consent form the respondents ensuring the participation of the study was voluntary. During the collating of their responses, the researchers made sure that all their responses were kept in a password-protected online storage that only the researchers had access to. Lastly, the researchers deleted all respondents' responses right after the conclusion of the study.

## **Results And Discussion**

This portion discussed the findings of the study. The purpose of the study was to determine the demographic profile of the mothers, their level of health knowledge of child-rearing practices and whether there is a correlation between the demographic profile and health knowledge on child-rearing practices, including feeding practices, hygiene practices, and care of the sick practices.

### **Table 1. Demographic Profile of Mothers in Barangay Calamba**

Age	Frequency	Percent
18-20	1	0.41%
20-29	41	17.15%
30-39	69	28.87%
40-49	67	28.03%
50-59	61	25.52%
<b>Education</b>		
College Graduate	50	20.92%
College Level	66	27.61%
Elementary Graduate	17	7.11%
Elementary Level	17	7.11%
High School Graduate	42	17.57%
High School Level	46	19.24%
Others	1	0.41%

<b>Religion</b>		
Christian Catholic	226	94.56%
Christian Non-Catholic	12	5.02%
Non-Christian	1	0.41%
<b>Monthly Income</b>		
Poor: Less than P10, 957	122	51.04%
Low: Greater than or equal to P10,957 but less than P21,194	69	28.87%
Lower Middle Income: Greater than or equal to P21, 194 but less than P43, 828	36	15.06%
Middle Income: Greater than or equal to P43, 828 but less than P76,669	9	3.76%
Upper Middle Income: Greater than or equal to P76, 669 but less than P131, 484	3	1.25%
Rich: Greater than or equal to P219,140	0	0.00%
<b>Number of births</b>		
Multigravida	185	77.40%
Primigravida	54	22.59%
<b>TOTAL</b>	<b>239</b>	<b>100.00%</b>

Table 1 shows that the majority of the respondents (28.87%) have age within the range of 30-39 years old. This is supported by the study of Singhai and Lanigan (2007) that older mothers tend to have more confidence and knowledge about infant practices specifically towards feeding practices. As for educational attainment, the majority of the respondents (27.61%) have reached College level which is consistent with the studies of Matijasecivh, A. et al (2012) that higher maternal education was associated with a higher prevalence of child-rearing practices initiation particularly in breastfeeding and longer duration of exclusive breastfeeding. Although there is a considerable number of respondents who are Christian Catholics (94.56%), there is no evidence that shows relation towards child-rearing practices. For the monthly income, the majority of the respondents (51.05%) considered themselves poor for they have less than P10, 957 monthly incomes. This is supported by the previous study of Belsky, J. (2006), that low socioeconomic status is associated with poor parenting across all three measures of parenting. As for the

number of births, 185 respondents (77.40%) have been pregnant several times. These results, aligned with the study conducted by Junejo 2021, show that multigravida females have more knowledge about appropriate child-rearing practices particularly in feeding practices than primigravida females.

**Table. 2 Health knowledge on Child-Rearing Practices**

Heath Knowledge	High		Low		Moderate		Very High		Very Low	
	F	%	F	%	F	%	F	%	F	%
Feeding Practices	74	30.962	52	21.757	75	31.381	28	11.715	10	4.184
Hygiene Practices	92	38.494	30	12.552	66	27.615	44	18.410	7	2.929
Care of the sick practices	76	31.799	37	15.481	79	33.054	38	15.900	9	3.766

Table 2 shows that mothers in Barangay Calamba, Cebu City have moderate health knowledge on feeding practices, high level of health knowledge on hygiene practices and moderate level of health knowledge on care of the sick practices.

**Table. 3 Relationship of the Demographic Profile of the respondents and their Health Knowledge on Child-Rearing practices.**

Parameter	Statistics	Feeding Practices	Hygiene Practices	Care of the sick practices
Age	P-value	0.193	0.041	0.002
Education	P-value	<.001	<.001	<.001
Religion	P-value	0.829	0.147	0.642
Monthly Income	P-value	0.040	<.001	0.043
Number of Child Births	P-value	0.027	0.019	0.002

Table 3 represents the relationship between the demographic profile of the respondents and their health knowledge on child-rearing practices. As shown on the table above, age is significantly correlated with hygiene and caring practices, it means that mothers who are higher in age have higher knowledge on this category. A study by Williams et al. (2016) explored the hygiene practices of mothers in child rearing across different age groups. It was found out that younger mothers, particularly teenage mothers, often had lower levels of knowledge and adherence to hygiene practices compared to older mothers. Lack of awareness and limited access to resources were identified as key factors contributing to this difference.

For the educational attainment of the mothers in Barangay Calamba, Cebu City, there is a high significant relationship between their education and health knowledge on feeding, hygiene and care of the sick practices. Educated mothers also had a better understanding of appropriate complementary feeding

practices. According to Sarkar, education plays a key role in changing traditional thinking, improving mother's attitude and understanding health messages that accelerate the development of complementary feeding practices. In a study conducted by Gaurav et al. (2020) in rural Nepal, the relationship between maternal education and child health outcomes was explored. Findings demonstrated that mothers with higher education levels were more likely to practice proper hygiene behaviors, including handwashing with soap before feeding their children and after using the toilet. The study suggested that education empowers mothers with the knowledge and skills needed to adopt and maintain good hygiene practices. In another study, Darmstadt et al. (2019), it revealed consistent evidence that higher levels of maternal education are associated with improved maternal knowledge about child health and nutrition, higher rates of breastfeeding, and increased utilization of healthcare services.

For religion, the high p-values of 0.829, 0.147 and 0.642 indicates that this correlation is not statistically significant. Therefore, there is no strong evidence to support a relationship between religion and health knowledge on child-rearing practices. Based on the results, it suggests that the religion a mother belongs to may not have a direct impact on the health knowledge of child-rearing practices.

As for the monthly income, the p-value of 0.040, <0.001 and 0.043 is lesser than the conventional threshold of 0.05, indicating a highly significant correlation. Based on these results, there is a significant relationship between the monthly income of mothers and their health knowledge on child-rearing practices. This is consistent with the study of Sahai, S., Das, M., & Kapoor, S. (2018). Study revealed that mothers with higher monthly income and better socioeconomic status were more likely to engage in optimal breastfeeding practices, such as exclusive breastfeeding for the first six months. In another study of Hadley and Patil (2006) in rural Kenya, indicated that families with higher incomes had greater access to safe water sources, sanitation facilities, and overall hygienic practices. As a result, children from these households benefited from improved hygiene conditions. In addition, According to Peter J. Cunningham, people with low means frequently experience poorer health as a result of their inability to pay for proper housing, food, or childcare. Those with low means utilize less preventive care services, in part because they are more likely to be unable to pay for care. As a result, practitioners have less chances to evaluate these patients' health risks and inform them of them.

For the number of births, the lesser p-values of 0.027, 0.019 and 0.002 indicate a high significant correlation. Based on the results, there is a significant relationship between the number of births and the health knowledge on child-rearing practices. In a study of Brewster et al., 2016, revealed that as family size increased, mothers reported more difficulty in providing healthy meals and ensuring consistent feeding practices. Limited time, increased workload, and financial constraints were identified as contributing factors to these challenges. In another study, Anand et al. (2020) revealed that larger families were more likely to exhibit inadequate hygiene practices, such as insufficient handwashing and unsafe food handling. The researchers suggested that this association could be attributed to limited resources and the increased responsibilities faced by larger families, which might hinder their ability to prioritize and maintain proper hygiene practices. Multiple research studies (Downey, 1994; Gauthier, Smeeding, & Furstenberg, 2004) have indicated that as the number of children in a family grows, the quantity of time and individualized attention that mothers can provide to each child diminishes. This is due to the increased demands of caring for a larger number of children, which necessitates mothers to distribute their time and attention among them. Consequently, this allocation of resources may result in reduced personalized care for each child.



Based on the results, the null hypothesis is rejected hence, there is a significant relationship between the demographic profile and the health knowledge on child-rearing practices of mothers in Barangay Calamba, Cebu City, Philippines.

## Conclusion

Health beliefs play a crucial role in shaping child-rearing practices. Parents and caregivers hold a variety of beliefs about what constitutes healthy and appropriate behaviors on child-rearing. These beliefs are influenced by cultural, societal, and personal factors. Health knowledge related to child-rearing practices encompasses a wide range of areas, including nutrition, hygiene, and preventive care. Cultural beliefs and traditions often shape these practices, as different communities have their own unique perspectives on what is considered healthy and beneficial for children. Thus, there is a significant relationship between the demographic profile and the health knowledge on child-rearing practices of mothers in Barangay Calamba, Cebu City, Philippines.

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