

# **Occupation of Household Heads as Correlate of Child Care Practices of Low-Income Households**

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## **ABSTRACT**

Child care is considered as an integral part of society's health. This study was conducted to determine the child care practices of households with very low socio-economic status in Singalat, Palayan City, Nueva Ecija, Philippines. The researcher utilized the descriptive method of research coupled with questionnaire as a tool for data gathering. The respondents were chosen by means of purposive sampling technique and the data gathered were treated with frequency and percentage distribution, weighted mean and Pearson Product Moment Correlation. The results showed that the respondents were living in a mixed neighborhood; houses were built in light and cheap materials, poorly constructed, unpainted and dilapidated. The majority of the household heads were unskilled workers while some were employed as blue collar workers or engaged in manual labor that receives an hourly rate of pay, high school graduates with 0-1 or few facilities with monthly family income of P1,000.00 (23 USD) and below. The socio-economic classification of the respondents falls under E or "very low socio-economic classification" with a score of 7-14 based on MORES-SEC Classification of Households. Child care practices in terms of nutrition, hygiene, disease prevention and health restoration were "very often accomplished" by the respondents. The "occupation" of household heads plays a vital role in the delivery of child care among the family respondents. Occupation

means income, while income would mean food, shelter, clothing, medicine or health and other basic necessities of a growing child.

**Keywords** - Social Science, child care practices, socio-economic status, descriptive-survey, Nueva Ecija, Philippines

## INTRODUCTION

Quality child care matters for children especially for those who belong to low-income. In fact, this remains a critical issue worldwide. Low-income children are less likely to have access to quality child care than those children from affluent families. However, in an African country (Shlay, Tran, Weinraub & Harmon, 2005), the delivery of quality child care must include three conditions such as desirability, availability, and affordability. In the study made by Cattan (1991) which was conducted in USA, he found out that the major reason for having difficulty in child care is unemployment among Americans. It is also indicated that lack of affordable quality child care was one of the reasons why there are estimated 1.1 million young mothers who did not seek or hold employment in the previous years based on the data from the National Longitudinal Survey of Youth. Likewise, Burchinal (1999) revealed that children display more optimal cognitive and social development due to better-quality care than those children who experienced lower-quality care although the associations tend to be modest. On the other hand, child development is associated with child care.

In the Philippines, reaching the poorest is the key goal where the existence of publicly funded child care centers is available that accounts to 86% of villages, but it only covers almost 39% of the age-eligible population. It is also noted that nutrition services cover 80% of the population preferably children (Engle et al., 2011). Malnutrition is closely related to child care practices. In a rural area in Bangladesh, malnutrition is common during a famine year. The important determinants of malnutrition include family income, mother's education, sex and birth order of children. It is also apparent that family income and mothers' education correlate to child malnutrition. Hence, the importance of education among women as one of the long-term policy measures to improve nutritional status of children is emphasized (Bairagi, 1980).

Similarly, many households with children in India were at high risk of malnutrition since they have experienced food insecurity. Ninety-eight percent of children consumed cereal products 2 to 3 times per day, while the frequency

of consumption of meat and milk products, fruits and vegetables was below the Indian Council of Medical Research recommendation. The diets of poor income groups were deficient in several nutrients, such as energy, vitamin A, calcium, riboflavin, and iron (Nnakwe & Yegammia, 2002).

On the other hand, immunization as part of the child care practices was evident in Afghanistan. The most successful and cost-effective health interventions among children in third world countries is child immunization. Fully immunized children in Afghanistan accounted to 84.5% in the center and 60.7% in the rural area. This may be due to the effective partnership among various sectors that promote the immunization program (Hemat, Takano, Kizuki, & Mashal 2009).

Proper child care results to a better child health and contributes to the overall health status of the community. Philippines, being a third world country which majority of the families belongs to the low socio-economic class, pose a big challenge to render effective child-rearing practices.

Family income plays a vital role in child care because it could mean better food consumption, good health and sanitation. Range, Naved, and Bhattarai (1997) pointed out that child care capacity depends, to some extent, on the availability of food in the household and access to health services. Child care is a multifaceted set of behaviors that encompasses child feeding practices, promotion of safe and healthy environment, providing adequate health care, psychosocial and emotional support. Care giving behaviors and access to food and health services contribute to child nutrition. Mostly, proper child nourishment can be achieved through a combination of resources such as enough budget, skills and knowledge. Specific care behaviors could be seen as a dimension of “skills and knowledge” that is applied by households in the production of child nutrition.

Families are embedded with a crucial role of providing care for their children, and whatever socio-economic struggles may hinder it, genuine care must prevail for the betterment and welfare of their children. Peterson and Green (2009) identified some of the many essential roles for a healthy family which include the provision of resources, nurturance and support, life skills development and maintenance, and management of the family system. According to Peterson and Green, children have the most basic needs in terms of food, clothing and shelter that parents need to provide. As such, they must also provide comfort and warmth, physical, emotional, educational and social development for their children. Likewise, upholding discipline and enforcing behavioral standards are other responsibilities that can be considered as equally important to the basic needs of children. Similarities and differences in child care practices varied which

may be due to cultural differences, implementation of programs related to child care and interpretation of the existing policies worldwide. But since child care is one of the top priorities across the globe, it is important to note the achieving quality child care can only be attained through proper education of mothers or carers, employment, sound government policy on child care focusing on the financially challenged sector of the government and well implemented and sustainable programs on child care. In global aspect, child care had undergone significant changes through the help of the World Health Organization (WHO) Millennium Development Goals.

In the Philippines, there was no available published literature that shows the correlation between the occupation of household heads and the childcare practices among low-income households.

This is the reason this study was formulated and published. However, this study was different from the studies cited in terms of location, respondents, instruments and the statistical tools used. Since Philippines is included in the list of developing countries, the researcher would like to make an empirical findings of childcare practices of the Filipino families who belonged to the low-income households. How they manage to deliver quality childcare despite the fact that they belong to the poverty threshold is the main issue that the researcher wants to convey. The findings will further inspire the readers about the uniqueness of Filipino families on how to handle family matters despite the adversities in life.

## **FRAMEWORK**

The theoretical framework of this study was anchored on the principles employed by Sister Callista Roy's Adaptation Model (Andrews & Roy, 1991). Roy's adaptation model sees individual as a set of interrelated systems, biological, psychological and social. In this model, the individual tries to maintain a balance between each of these systems and the outside world. However, there is no absolute level of balance. According to Roy, we all strive to live within a bond where we can cope adequately. This band will be unique to an individual. The adaptation level is the range of adaptability within which the individual can deal effectively with new experiences.

Moreover, according to Roy (1991), adaptation is a process and outcome that resulted from an individual's awareness and choice to integrate with his environment. An individual is a biopsychosocial adaptive system that continuously undergoes a feedback cycle of input (stimuli), throughput (control

process), and output (behaviors and adaptive responses). All adaptive behaviors contribute to health and an individual's response to a stimulus is categorized in several different modes.

The "role function" of Roy's adaptation model is the mode that was given emphasis in this study. Role function is determined by the need for social integrity and refers to the performance of duties based on the given position within the society. Through this study, the researcher identified the adaptive responses of families in the local community in terms of child caring practices despite the fact that they belong to a very low socio-economic class.

The Philippines, in accordance with the Millenium Development Goals (MDG) is committed to reducing poverty and the worst forms of human deprivation (MDG # 1) (PSA-NSCB). This specific MDG was anchored from the Millenium Development Goals set by the United Nations Development Programme made in 2000 where 189 nations convened and promised the same.

According to statistics, even though poverty rates have been halved between 1990 to 2010, there were still 1.2 billion people who still live in extreme poverty. About a quarter of children under five years old were estimated to be stunted or shown to have inadequate height for their age. Likewise, 162 million young children are still suffering from chronic undernutrition which is quite unacceptable. Moreover, in 2011-2013, there were about 173 million worldwide who suffered from chronic hunger than in 1990-1992 (UNDP).

In the Philippines, there are some indigenous practices on child healthcare based on the study conducted by Ramos (2012). The mothers of Manobo-Matigsalug tribe also practice breastfeeding by allowing their babies to take the first yellowish milk called colostrum which contains immunizing effect among infants. When the baby reaches one year old, he is weaned out from breastfeeding and begin to introduce solid foods like egg, cassava and sweet potato. Mothers with insufficient milk practiced mixed feeding by giving water from boiled rice as an alternative food supplement for infants.

Child care is an umbrella term referring to any form of non-parental care that occurs on a regular basis. Nontraditional attitudes toward childbearing of mothers, gender roles and participation of women in the labor force use more hours of non-maternal care and more formal care than those with more traditional views. However, the ability to sustain employment may affect child care choices of these mothers (Huston, Chang & Gennetian, 2002).

## OBJECTIVE OF THE STUDY

The study aimed to determine the relationship between the child care practices and the occupation of household heads with low socio-economic status of Singalat, Palayan City, Nueva Ecija, Philippines.

## METHODOLOGY

### Research design

The researcher utilized the descriptive method of research coupled with questionnaire. In this study, the questionnaire used by the researcher is composed of two parts; the first part includes the Socio-economic profile of the respondents using the Market and Opinion Research Society of the Philippines (MORES) Indicators of Socio-economic Classification (SEC) of Households by Virola, Addawe and Querubin (2007) and the second part is composed of child care practices of households that is classified as with very low socio-economic status.

### Research site

The research was conducted in the local community of Singalat, Palayan City where 243 or 80% of households with children 0-12 years old served as the respondents of the study. Singalat is located North-west of the City of Palayan. It is approximately 418.71 hectares with geographical landmarks consisting of flatlands and hills. Singalat has a total of 303 households as per record from the National Statistics Office of Cabanatuan City, Nueva Ecija.

### Instrumentation

The instrument utilized by the researcher is the structured questionnaire that consisted sets of questions that will be answered by the participants on a given format. The first part of the questionnaire was adopted from the Market and Opinion Research Society (MORES) of the Philippines by Virola et al. (2007) while the second part is a self-made questionnaire about the child care practices of the households with low socio-economic status of Singalat, Palayan City. It was initially drafted as a result of several readings and consultations. The draft was presented to the office of the Vice President for Research of the Nueva Ecija University of Science and Technology for comments and validation. Afterwards, the researcher revised the questionnaire and incorporated all suggestions that came out after the validation. After which the researcher conducted the pilot testing

of the questionnaire among the 10 households of Singalat that are not included as samples of the study. The instruments were easily understood and answered by the respondents with ease and comfort indicating that it is acceptable, reliable and valid in nature.

**Research Ethics Protocol**

In the administration of the questionnaire, the researcher sought permission from the ethics review board of the university by presenting the informed consent form of the respondents and letter of request to the Community Captain for the administration of the questionnaires. Clearance was issued by the ethics review board on June 13, 2011 after the detailed evaluation process. Questionnaires were distributed to the respondents which involved 243 or 80% of the total population upon the approval of the Barangay Captain. The researcher allowed a period of two months for the retrieval of the questionnaires.

**Data Collection and Statistical Technique**

To determine the socio-economic classification of the respondents, the researcher adopted the Market and Opinion Research Society of the Philippines (MORES) Socio-economic Classification (SEC) of Households (Virola et al., 2007). The indicators for the MORES-SEC of households are presented below:

*Socio-economic Classification*

AB – 30 – 35 points	Higher Socio-economic Class
C1 or Upper C – 25 – 29 points	Higher Middle Socio-economic Class
C2 or Broad C – 20 -24 points	Lower Middle Socio-economic Class
D – 15 – 19 points	Low Socio-economic Class
E – 7 – 14 points	Very Low Socio-economic Class

*Mode of Scoring of the Indicators for the MORES-SEC of Households*

MORES-SEC Indicators	Maximum Points
Neighborhood	5
Home durability	5
Outdoor quality	5

Occupation of the household head	5
Educational attainment of the household head	5
Facilities in the home	5
Household income	5
<i>Total</i>	<i>35</i>

The child care practices of the respondents were determined using frequency and percentage distribution and weighted mean and the data acquired was interpreted using the Likert-five point scale as shown below:

Weights	Descriptive Interpretation	Degree of Response
5	Excellent	4.50 – 5.00
4	Satisfactory	3.50 – 4.49
3	Acceptable	2.50 – 3.49
2	Fair	1.50 – 2.49
1	Poor	1.49 – 1.00

The significant relationship between the profile of the respondents and the child caring practices was determined using Pearson Product Moment Correlation.

## RESULTS AND DISCUSSION

Child care practice is a dynamic process that promotes quality of life among children. The role of parents to their children includes safe and secured environment, providing the basic necessities such as food, education, shelter, health, love, and sound relationship among family members. Proper child care practice is anchored on the premise that it is a must for parents to provide these necessities to promote an optimum level of growth and development to their children. Thus, the socio-economic profile of the respondents is one of the determinants in the delivery of quality childcare among families who belonged to the low-income households.

### Socio-economic Profile of the Respondents

The socio-economic profile of the respondents includes the neighborhood, home durability, outdoor quality, occupation of the household head, educational

attainment and household income based on the Market and Opinion Research Society (MORES) of the Philippines Socio-economic (SEC) Indicators.

**Neighborhood.** There were 135 or 55.56% of the respondents lived in a “mixed neighborhood with predominantly small houses”; 103 or 42.39% lived in a “generally slum district” while there were 5 or 2.06% lived in a “large and small houses.” Singalat, Palayan City is located in an urban area that is classified as a typical barrio with small houses. According to Sirgy and Cornwell (2002), contentment with the social and economic features of the neighborhood play a role in the fulfillment of the house and home, neighborhood and the community that feeds into life satisfaction.

**Home durability.** More than half or 51.85% of houses were “made of light and cheap materials and were poorly constructed”; 96 or 39.51% were “temporary structures/barong barong” and 21 or 8.64 percent were “made of light and heavy materials.” The findings may indicate that the structures of houses were not durable and safe. Durability of home is important to ensure the safety of the family especially of a growing child. Most of the time, children spend 80-90% of their time indoors and the possibilities of acquiring health risks may be found at home, in schools and in the environment. Housing quality served as an important component of health disparities around the world as it has been acknowledged for quite some time that there is a probable relationship between housing and health inequality particularly within the inner city neighborhoods (Patrick et al., 2004).

**Outdoor quality.** Houses were “unpainted and dilapidated” which comprised of 163 or 67.08%; 74 or 30.45% were “generally unpainted and in need of major repairs” while there were only 6 or 2.47% that were “painted but may need of major repairs.” Lack of monetary resources was the main reason of the respondents why they were not able to repair their houses. Ideally, home environment should be safe for children but Patrick et al. (2004) pointed out that home environment can be characterized as an important source of fetal and early childhood exposures to biological, chemical and physical agents as well as a strategic opportunity for intervention. In the past decades, many studies have linked housing-related factors and health, and it is noteworthy that we have learned about how to make home a healthier place to live in.

**Occupation of household heads.** The majority or 51.85% of the household heads were “unskilled” workers while there were 117 or 48.15% employed in blue collar jobs. Household heads were minimum wage earners who in some instances do not augment or provide and sustain the family’s necessities like food.

The primary means by which we organize the world in which we live is the occupation. Occupation is related to food that illustrates the richness of day-to-day living (Hasselkus, 2006). Nevertheless, it appeared that family income is strongly related to children's ability and achievement—their emotional outcomes. Children who live in extreme poverty or who live below the poverty line for multiple years appear, all other things being equal, to suffer the worst outcomes. Further, it is found out that lower rates of school completion were evident among children who experienced poverty during their preschool and early school years than children and adolescents who experienced poverty only in later years (Brooks-Gunn & Duncan, 1997).

**Educational attainment of household heads.** More than half or 53.50% attained high school level (some high school), and 113 or 46.50% were elementary level (some elementary school) only. The educational background of the respondents could be the main reason of fewer opportunities to find a stable job that could serve as a source of income. The findings may indicate that education plays a role in income since low-level of education can be associated with poor economic and psychological outcome that includes poor income, much lesser social support and networking. Fox et al. (1995) found out that mothers who had lower educational attainment had less positive parenting practices concerning nurturing and discipline.

**Facilities at home.** The majority or 58.44% of the respondents have “0-1 facility”; 97 or 39.92% have “2-4 facilities” and 4 or 1.65 percent have “5-7 facilities” at home. The findings can be attributed from the fact that having enough facilities at home is not the priority of the household head since they were just minimum wage earners who can only provide the basic necessities of their family such as food.

**Household income.** The maximum household income of the respondents was P1, 000 (23 USD). 00 and below which comprised 148 or 60.91% of the total respondents. Meanwhile, 95 or 39.09% of the respondents were earning between P1, 001-P2, 500.00 (23-57 USD). Both were earning below the poverty line. Poverty line means the minimum income required to meet the food requirements and other non-food basic needs (National Statistics Office, 2011). It is argued in the study of McLoyd (2008) that poverty and economic loss diminish the capacity for supportive, consistent, and involved parenting and render parents more vulnerable to the debilitating effects of negative life events. Hence, to foster positive socio-emotional development in economically deprived children, attention is given to the mechanisms by which parents' social

networks reduce emotional strain, lessen the tendency toward punitive, coercive, and inconsistent parenting behavior.

**Socio-economic Classification of the Respondents**

Table 1 below presents the socio-economic classification of the respondents based on the Market and Opinion Research Society (MORES) of the Philippines Indicators of Socio-economic Classification (SEC) of Households (Virola et al., 2007).

Table 1. Socio-economic Classification of the Respondents

Socio-economic Indicators	Score/Points	Socio-economic Classification
Neighborhood	1.60	Very Low Socio-economic Class
Home Durability	2.69	
Outdoor Quality	1.35	
Occupation of the Household Head	1.50	
Educational Attainment of the Household Head	1.59	
Facilities in the Home	1.43	
Household Income	1.39	
TOTAL	11.55	

The total score garnered 11.55 which indicate that Singalat is classified as a community with “very low socio-economic class” based on the MORES-SEC indicators of Virola et al. (2007).

**Child Care Practices of Households**

The child care practices of households include nutrition, hygiene, disease prevention and health restoration.

1.1 NUTRITION. Nutrition is one of the health care practices of the respondents. The result showed that children “always” eat meals three times a day and parents preferred to breastfeed their babies. “Very often” the family served fish and vegetables as primary viand and encouraged children to avoid eating junk foods. “Often” they offered meat and poultry, instant noodles, and canned goods like sardines as their primary viand they also give milk formula in feeding their babies. On the other hand, they “sometimes” preferred cow’s and carabao’s milk in feeding their children. The average weighted mean revealed 3.55, interpreted as “very often”, the finding revealed that although they belonged to the very

low socio-economic class, parents are trying their very best to provide food for children that meet the nutritional requirements of a growing child. Proper nutrition will help ensure the child's normal growth and development and will help him grow to his complete potential. In the study conducted in India by Sharma and Kanani (2006), they found out that there were some deleterious practices in child caregiving specifically in terms of nutrition.

Some respondents give prelacteals, delayed initiation of breastfeeding, and some exclusively breastfed their babies <3 months. However, there were some who actively feed their children and used Anganwadi services. The deleterious child care practices of the respondents resulted in low-calorie intake (<40% RDA) and a high prevalence of undernutrition which accounts to 56-64%. In six sub-Saharan African countries and four Indian states, Griffiths, Madise, Whitworth and Matthews (2004) determined the importance of individual and household level predictors of child nutritional status, which include age, the size of a child at birth, prolonged breastfeeding, recent diarrhea episodes and maternal education as predictors of low weight for age Z-scores across regions. It can be noted that breastfeeding is essential in sustaining the nutritional needs of the child that could contribute to proper nutrition. Hence, the prevalence of undernourished children will be lessened.

The result revealed that there is a significant difference in the household or community level variance in weight of children for age Z-scores. Likewise, the impact of the geographical context differs by socio-economic status of the household. The study of Srivastava and Sandhu (2007) revealed that about 50.5% of the children were stunted (height) for age Z score (HAZ<-2SD) and 25.5% were underweight for age Z score (WAZ<-2SD), but wasting was low that accounts to 3%. Almost all positive complementary feeding (CF) practices and nutritional status of the children were significantly associated. On the other hand, Infant and Child Feeding Index (ICFI) was found to be insignificant while maternal education is the most significant factor and associated significantly with ICFI.

Essential nutrients are crucial for a growing child. Variety of nutrient-dense foods like fresh fruits, vegetables, whole grains, meat, fish, adequate calories are some of the requirements for children to grow and develop properly. The growth and health of children depend on the way they eat during childhood, adolescence period and for the rest of their lives. Inadequate nutrition may cause delayed puberty, short stature, nutrient deficiencies and dehydration, menstrual irregularities, poor bone health, increased risk of injuries, poor academic

performance and increased risk of eating disorders. Educating children about the importance of good nutrition during childhood will serve as the foundation for a more fulfilling and healthier life (Wilson, 2014).

Erinosho, Dixon, Young, Brotman, and Hayman (2011) said that the critical time to establish nutrition habits to prevent obesity is during early childhood. In the United States, children spend more time outside of their homes where dietary intakes are not being monitored. In 2005 and 2006, nutrition practices or dietary intakes of group child-care centers in New York City were assessed to determine if they meet the nutrition recommendations for children. The study revealed that almost all centers were providing beverages and food that are recommended by the national guidelines that include reduced-fat milk, 100% fruit juice, and whole grains. No centers provided soda, but some of the centers provided higher-fat milk and sugar-sweetened beverages while drinking water is available in classrooms of only half of the centers. Further, <50% of children ate at least half of the daily recommended intake for each of five main food groups, with only 17% of children eating at least half of the daily recommended intake for vegetables and only 5% of children eating at least half of the daily recommended intake for vitamin E.

Li, Darling, Maurice, Barker, and Grummer-Strawn(2005) said that 71.4% of children had been breastfed by their mothers, at three months (42.5% of infants were exclusively breastfed) and 51.5% were also breastfed to some extent. However, these rates dropped to 13.3% and 35.2% at six months. At one year, only 16.1% were receiving breast milk. As part of the childcare practices in terms of nutrition, the breastfeeding rates varied depending upon the socio-economic

1.2 HYGIENE. The respondents “always” bathed their children daily, cleansed the cord of the newborn with 70% isopropyl alcohol, applied or placed “*bigkis*” at the cord stump and brushed the teeth of children three times daily. However, “very often” they used antibacterial soap for bathing their children and they “sometimes” used detergent soap for bathing their children if the antibacterial soap is not available. This activity or childcare practices of family respondents were observed within the period of one month as part of the community immersion of the researcher. Respondents never neglected the importance of appropriate body hygiene for their children. Proper hygiene is being taught to children at an early age. Likewise, hygiene should not be restricted to the body alone; it needs to be maintained in our surroundings as well. Mackintosh, Marsh and Schroeder (2002) studied the poverty alleviation and nutrition program (PANP)

in Vietnam. They found out that mothers “often” wash their hands as part of the hygienic practices in childcare. More so, children can be easily influenced by their parents, caregivers and peers in performing personal hygiene.

1.3 DISEASE PREVENTION. The respondents “always” go to the health centers for the completion of vaccines of their children and “very often” children were provided with vitamin supplements (from the health centers). Regular visits to the health center for consultation was “often” done by the respondents. The respondents have enough knowledge on how to prevent the occurrence of diseases among children. The parents or the respondents are very enthusiastic for the health promotion and disease prevention of children by obtaining immunizations from the health centers, giving vitamin supplements and regular visit or consultation to health centers as needed. The core service of pediatrics is the well-child care. However, it is not surprising that preventive care services that are supposedly provided do not meet the needs of families especially those with vulnerable children. Parents show dissatisfaction due to failing of recommended preventive care services which supposedly reflect the quality of child health supervision among physician and parents. Hence, there are many unmet needs among children and families. Thus, “well-child care” is only applicable to fewer children (Schor, 2004). The immunization coverage as part of the childcare practice in Baltimore showed that 80% by the age of 3 months made an age-appropriate preventive health visit, but at the age of 7 months only less than 40% had a preventive visit. Infants received DPT1 on time were twice likely to be up-to-date by 24 months of age. Likewise, 71% for DPT1, 39% for DPT3 and 53% for measles – mumps – rubella vaccine were also documented (Guyer, et al., 1994). The findings show that although the respondents have age-appropriate preventive visits, many young infants were still under-immunized.

Furthermore, vaccination among children plays an important role in disease prevention. In fact, in this study, the majority of the respondents sent their children to community health centers to obtain vaccination for their children. On the other hand, the study of Gellin, Maibach, and Marcuse (2000) revealed that 87% of the respondents deemed immunization as an extremely important action that parents can take to keep their children well. The overall respondents’ rating on immunization was high, and the minority was held important misconceptions. The most important source of information on immunizations was the healthcare providers. Likewise, as part of childcare practice, childhood consultation during the episode of illness may depend on the social classes. An

increased rate of consultation was documented among social classes belonging to I-II to classes IV-V (class I as the highest and class V as the lowest). Children belonging to social classes IV-V more frequently consulted for the reason of illnesses than children from classes I-II (rate ratio 1.23; 1.5 to 1.30). Classes IV-V also had significantly higher consultation rates for minor, moderate and serious illnesses and higher home visiting rates with the rate ratio of 2.00; 1.81 to 2.18). Preventive consultation in children for social classes IV-V were lower than those children from social classes I-II (rate ratio 0.95; 0.86 to 1.05) (Saxena, Majeed, & Jones, 1999). Furthermore, the immunization status of children in the study conducted by Adladza (2009) showed significant predictor of a child's linear growth in the study area. Immunized children were less likely to be malnourished than non-immunized children ( $p < 0.05$ ), an association that remained significant even after controlling for the confounding effect of child's age.

1.4 HEALTH RESTORATION. The respondents "very often" used generic drugs in treating disease and preferred to seek treatment from medical professionals. On the other hand, some of the respondents "often" used medicinal plants in treating disease and preferred to seek treatment from "*herbolaryos*". Respondents valued the importance of medical professional care in terms of health restoration. On the other hand, consulting "*herbolaryos*" was their last option or alternative in providing treatment to their child's illness.

Pandey et al. (2002) stated that seeking healthcare to qualified health professionals during illness is commonly practiced in Bengal, India. Qualified health professionals are consulted more often though parents traveled longer distances. Common health problems are diarrhea, acute respiratory infections among 530 children (263 boys and 267 girls). The use of alternative medicine or consultation to "*herbolaryos*" can no longer be ignored nowadays since it became part of the way of life of Filipinos even before. Use of alternative medicine (AM) is also one of the practices in any part of the world. This was proven in the study conducted by Spigelblatt, Laine-Ammara, Pless, and Guyver (1994) where they found out that 208 or 11% of children previously consulted Alternative Medicine (AM), the mothers of these children are educated and also tended to use AM.

## Significant Relationship between the Profile and the Child Care Practices of the Households with Very Low Socio-economic Class

Table 2. Relationship between the Profile and the Child Care Practices of the Respondents

Household Profile	Child care Practices	Interpretation
Neighborhood	0.01	Negligible Correlation
Home Durability	0.09	Negligible Correlation
Outdoor Quality	0.09	Negligible Correlation
Occupation of the Household Head	0.29	Slight Correlation
Educational Attainment of the Household head	0.11	Negligible Correlation
Facilities in the Home	-0.07	Negligible Correlation
Household Income		Negligible Correlation

The data revealed a “slight correlation” between the child care practices of households with a correlational value of 0.29. This finding may be attributed to the occupation that the household head have. Hence, the slight correlation of the occupation of the household head between child care practices has been noted. Socio-economic Status (SES) according to Luster and Okagaki (2005), represents the major source of indirect and direct influence on child development as well as on parenting practices. Bradley and Corwyn (2002) stated that one of the most widely studied constructs in social sciences is the Socio-economic status (SES). SES includes quantification of family income, parental education, and occupational status. Most findings of researches on SES are associated with a wide array of health, cognitive, and socio-emotional outcomes in children with an impact from birth to adulthood. SES has multiple levels of impact on the well-being of children including both family and neighborhood. The effects of SES are moderated by child’s characteristics, family characteristics, and external support systems.

The study made use of the data gathered from the respondents in 2011. The study wanted to assess whether the socio-economic status affects the child care practices of the households of Singalat, Palayan City. For this purpose, the researcher used the 2011 population census of the said community coming from the National Statistics Office of Nueva Ecija. It was observed that the socio-economic profile of a certain community such as neighborhood, home durability,

outdoor quality, occupation of the household head, educational attainment of the household head, facilities in the home and household income are important factors in determining the child care practices of families in the community. It should be noted that there are also some factors that need to be considered in determining the child care practices such as availability and accessibility to healthcare services and willingness of the respondents to avail the free healthcare services provided in the community.

## **CONCLUSIONS**

The respondents based on the Market Opinion and Research Society (MORES) of the Philippines Socio-economic Classification (SEC) Indicator falls under the classification as with “very low” socio-economic class. The local community is a typical barrio composed of small houses, located in slum areas that are not quite accessible to health care services and community resources. The structures of houses were unpainted and dilapidated which are not durable and safe, due to lack of financial resources. The household heads were unskilled workers. Majority of them finished elementary and high school levels earning below the poverty line with no adequate facilities at home. It is noteworthy that acceptable child care practices in terms of nutrition, hygiene, disease prevention and health restoration were employed by the households although they were classified as with very low socio-economic status. Significant correlation between occupation of household heads and child care practices were found. This means families with better sources tend to provide better child care practices. The respondents, in general, valued the importance of an effective child rearing that maintains and enhanced the health status of children. Crucial role in enhancing productivity of the community by valuing the importance of proper child care was identified by the respondents.

## **TRANSLATIONAL RESEARCH**

The results of this study would provide adequate information on how families belonging to the low socio-economic status deliver quality child care despite their economic standing. Intrinsically, the child care practices employed by the households are beneficial strategies to improve and maintain the health status of children especially those who belonged in the third world countries. Child care practices integrated with the nursing curriculum are employed during the community immersion of the students where the direct participation

of each household in the community is solicited, thereby, creating interactive participation of the community people. Nutrition, hygiene, disease prevention and health restoration are integral part of child care and considered as the primary tasks of every parent regardless of their economic status. Engagement of households in these tasks develops their potential as effective and resourceful individuals that enable to utilize the available resources in the community that sustain the health needs of their children. Effective utilization of the available health services in the community is the key of each household to attain the maximum level of health for their children. Further, the result of the study was disseminated to the City Health Office (CHO) of Palayan City, Nueva Ecija. Massive information campaign and program implementation on proper child rearing and proper nutrition were implemented by the CHO and the College of Nursing of Nueva Ecija University of Science and Technology, as a result, 50% increase in immunization, 50% decrease in malnutrition, hygienic practices and decline in the occurrence of disease among children were observed for the past two years (2013-2014).

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