

Characteristics Of Children Aged 12- 59 Months Influencing Child Welfare Clinic Attendance In Kangundo Level 4 Hospital Machakos County, Kenya

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Abstract: Growth monitoring is an essential service that is usually offered to under- five years old children in the child welfare clinic. The available literature reported many caregivers did not take children to clinic for growth monitoring after their first birthday. However, researchers did not provide information on whether children contributed to low utilization of growth monitoring services in many countries including Kenya. This was a cross- sectional study carried in a rural setting to assess characteristics of children that influenced child welfare clinic attendance. Data was collected from a sample of 423 caregivers and was analyzed using SPSS version 22. Results indicated that child welfare clinic attendance among children aged 12- 59 months declined to a mere 92 (21.7%) by the time children were aged 48- 59 months. Majority 217 (51.3%) female children were more likely to attend child welfare clinic than male children 206 (48.7%). Additionally, more children whose upkeep was provided by their fathers 274 (64.8%) were more likely to attend child welfare clinic. Farther, this study established that all 423 (100%) children attended clinic because they were sick. Majority 386 (91.3%) children were more likely to attend child welfare clinic if their caregivers were their mothers. This study concluded that since the children depended on the caregivers to take them to child welfare clinic, studies should be carried out to establish the caregiver needs for empowerment with a view to implement strategies to promote child welfare clinic attendance among children aged 12 to 59 months in Kangundo Level 4 hospital.

Keywords: Child welfare clinic, Children aged 12- 59 months, Child welfare clinic attendance.

I. INTRODUCTION

Child Welfare Clinic (CWC) refers to a section of a government hospital situated in the department of Maternal and Child Health (MCH) department where growth monitoring and health promotion services were provided to under- five years old children by trained health care providers. Under- five children refers to children aged below five years. Older under- five children refers to children aged 12- 59 months. The under- five children were expected to attend clinic monthly for growth monitoring services (MOH, 2020).

The Ministry of Health is the greatest operator of child welfare clinics in Kenya. It has put in place policies, protocols, structures, equipment, stationary, and trained healthcare staff to provide child welfare clinic services at no cost all over Kenya.

When children attended child welfare clinic; they were routinely given fundamental growth monitoring services which involves measuring weight and height, recording, charting and plotting them in the standard growth charts to document child growth. These measurements were interpreted in order to identify the health needs of the children and intervene through provision of health education, health

counseling, immunizations, treatment of minor childhood illnesses, referral for management of major health problems, de-worming and administration of vitamin A as guided in the Mother and Child Health Handbook (MOH, 2020).

Attending child welfare clinic provides t under- five children opportunity to prevent childhood illnesses and to address faltering growth early in order to prevent progression to serious health problems. For these reasons, the Government of Kenya (GOK), through the Ministry of Health (MOH) requires all children attend child welfare clinic every month to utilize growth monitoring services until they attain five years of age (MOH, 2020). However, some research reports indicated that many children were not utilizing growth monitoring services which are usually provided in the child welfare clinic for reasons emanating from the caregivers and health facilities. This information motivated the researcher to investigate whether children had possible factors influencing clinic attendance among children aged 12- 59 months in the study area. There was need to carry out a study to determine characteristics of children aged 12- 59 months influencing child welfare clinic attendance in the study area.

II. LITERATURE REVIEW

Child welfare clinic attendance among children aged 12- 59 months can be influenced by factors emanating from individual children themselves and not always from external sources.

✓ SEX OF THE CHILD

Both male and female children aged below five years are required to attend child welfare clinic every month to utilize growth monitoring and promotion services as guided in the Mother and Child Health Handbook. There are different growth charts for boys and girls where measurements are charted, recorded and plotted (MOH, 2020). However, literature about sex and clinic attendance among children under- five years old to utilize growth monitoring services was largely lacking.

✓ AGE OF THE CHILD

Children aged under- five years may fail to attend child welfare clinic to utilize growth monitoring services if their caregivers fail to take them to the clinic because they are dependent on their caregivers to take them to clinic for growth monitoring and other health services. Children are not capable of taking themselves to a health facility or consent for administration of health services. This concern was demonstrated in a study carried out in Nyamira, Kenya which established that 78.9% caregivers of children aged below 9 months had failed to take their children for growth monitoring once or more times over the 8 months prior to the study (Nyang'echi et al., 2017).

Children become bigger and heavier as they grow older. However, some children are too heavy to carry to the clinic even at the age of two years while others are light in weight and can be carried to the health facility even at the age of 4 or 5 years. Therefore size/ weight which increase with age

influence whether children can be carried to attend clinic to utilize growth monitoring services.

✓ RELATIONSHIP BETWEEN THE CHILD AGED 12- 59 MONTHS AND PROVIDER OF UP-KEEP

The primary providers of up- keep of the children are the biological fathers, mothers or both of them. They provide up-keep resources in form of materials funds and in kind to cater for the needs of the children. If they do not provide adequate resources including money to meet expenses to travel to the health facility, the child might not attend child welfare clinic to utilize growth monitoring and promotion services. Children aged 12- 59 months are taken to the child welfare clinic usually for growth monitoring services at the discretion of caregivers (Sharma Disha, 2023). Therefore, the children attend child welfare clinic depending on the availability of resources and the caregiver willingness to utilize it to take the child to attend child welfare clinic to utilize growth monitoring and promotion services.

✓ RELATIONSHIP BETWEEN THE CHILD AGED 12- 59 MONTHS AND THE CAREGIVER

Relationship between the child and the caregiver can influence child welfare clinic attendance positively and negatively. Relatives, friends and grandparents play an important role in providing support in childcare, especially to young mothers when they give birth to the first child. However, grand parents may lack knowledge and experienced about child h welfare clinic attendance to utilize child welfare clinic services. Therefore, they may fail to take and to advise caregivers to take children aged below five years to the child welfare clinic (APA, 2021).

III. HEALTH STATUS OF THE CHILDREN AGED 12- 59 MONTHS

The health status of a child can influence clinic attendance among children aged 12- 59 months positively and negatively. Healthy children are more likely to attend child welfare clinic regularly because caregivers had nothing to hide about their children. Children with chronic illnesses such as asthma may fail to attend child welfare clinic as they may be admitted in hospital for treatment during their appointment days. Birth injuries can cause physical and mental disabilities that may lead to abnormalities such as inability sit, walk, speak and undesirable sounds These abnormalities are associated with God's punishment for parent's wrong doing, curses and witchcraft in some communities (Bunning *et al.*, 2017). Caregivers of such children avoid taking these children to the child welfare clinic to avoid stigmatization and rejection by the public. Congenital heart defects, neural tube defects, mongolism, hydrocephaly, cleft palate, cleft lip, and clubbed feet can have the same effects. There was need to do a research to determine characteristics of children aged 12- 59 months that influenced child welfare clinic attendance.

IV. DATA AND METHODS

The research design was cross-sectional descriptive study. Dependent variable was child welfare clinic attendance. Independent variables were the characteristics of children age 12- 59 months Study populations were caregivers of children. Sample Size was 423 study respondents determined according to Fisher *et al.*, 1998. Study area was Kangundo level 4 hospital in Machakos County, Kenya. Researcher administered questionnaire was used to collect data. Data was analyzed using Statistical Package for Social Sciences (SPSS) Version 22.

V. DATA ANALYSIS AND DISCUSSIONS

CHARACTERISTICS OF THE CHILDREN AGE 12- 59 MONTHS

SEX OF THE CHILDREN

This study established that the children who attended child welfare clinic majority 217 (51.3%) were girls while 206 (48.7% were boys (Table 1).

The finding that more girls than boys attended child welfare clinic was contrary to the expected because rural people were expected to practice son preference to the disadvantage of the daughters. Research findings have shown gender inequality and discrimination is still practiced in many countries in the world. This was demonstrated in a recent study carried out to investigate son preference and health disparities in developing countries.

AGE OF THE CHILDREN

Age distribution of the children who attended clinic indicated that 139 (32.9%) were 12– 23 months, 106 (25.1%) were 24 -35 months, 92 (21.7%) were 36 – 47 months and 92 (21.7%) were 48- 59 months old (Table 1).

More data analysis indicated that generally children stopped attending child welfare clinic at the mean ages of 15.25 months. This finding indicated children stopped attending child welfare clinic much earlier than the expected age of 59 months. This finding indicated age influenced clinic attendance among children aged 12- 59 months in the study area

This finding was in agreement with those of a study carried out in Nyamira, Kenya which reported that caregivers of children aged 10- 59 months stopped taking them for growth monitoring services before they attained the age of 59 months Nyabuti, .

Variables	Category	Frequencies	Percentage
Sex	Male	206	48.7
	Female	217	51.3
Child age in months	12 – 23	139	32.9
	24 – 35	106	25.1

36 – 47	86	20.3
48- 59	92	21.7

Table 1: Characteristics of children aged 12-5 months (N= 423)

Further data analysis showed declining trends in clinic attendance of child welfare clinic among children aged 12- 59 months as children grew older to a mere frequency of 92 (21.7%) by the time children were aged 48- 59 months (Figure .1).

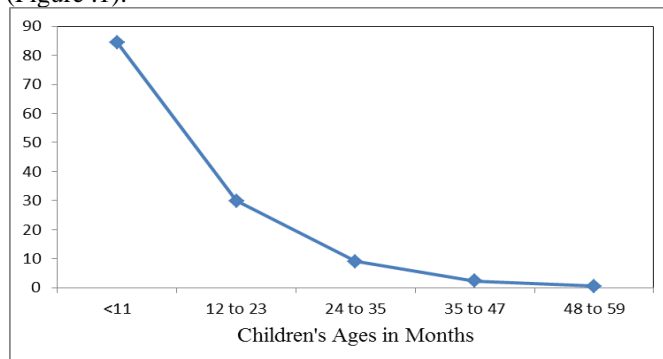


Figure 1: Trend of child welfare clinic attendance as children grew older

This finding indicated that age was a factor in the clinic attendance among children aged 12- 59 months. The children did not continue to attend clinic as they grew older because their caregivers stopped taking them, due to the fact that they attained age 12- 59 months. This finding was in agreement with that of a study carried out in Nyamira, Kenya which reported under- five children stopped attending clinic before attaining 59 months of age as recommended (MOH, 2020).

RELATIONSHIP BETWEEN THE CHILD AND THE PROVIDER OF UPKEEP

The upkeep of the children was mainly provided by the fathers of the children 274 (64.8%) and mothers 105 (24.8%). The rest 44 (10.4%) of the children had friends /relatives providing for their upkeep. However, (35.2%) children did not have fathers providing for their upkeep but mothers and relatives did (Table 2).

Variables	Category	Frequencies	Percentage
Provider of upkeep	Father	274	64.8
	Mother	105	24.8
	Others	44	10.4

Table 2: Provider of upkeep of the children aged 12- 59 months (N = 423)

This finding implied that some children who attended child welfare clinic had social support to help in providing for their upkeep instead of (35.2%) fathers who were not providing upkeep for their children. However, further data analysis revealed that (54.4%) children aged 12- 59 months had not attended child welfare clinic for more than six months although (64.8%) fathers provided upkeep. Only 193 (45.6%) of children had attended child welfare clinic within six months prior to this study. This result suggested that a large proportion of children aged 12- 59 months did not attend child welfare clinic for other reasons other than provision of upkeep. This was contrary to the Ministry of Health requirement that under-

five years old children should attend child welfare clinic every month until they attained 5 years of age as guided in the Mother and Child Health Handbook (MOH, 2020). Literature to compare this finding was largely lacking.

RELATIONSHIP BETWEEN CHILDREN AGED 12- 59 MONTHS AND CAREGIVERS

Majority 386 (91.3%) caregivers who brought the children aged 12 to 59 months to the child welfare clinic were mothers followed by 22 (5.2%) fathers. The rest were the caregivers who brought children to the child welfare clinic were grand- parents and hired caregivers (Table 3).

Relationships	Frequency	Percent (%)
Mother	386	91.3
Father	22	5.2
Grand mother	9	2.1
Grand father	2	0.5
Hired caregivers	4	0.9

Table 3: Relationship between children aged 12- 59 months and caregivers (N = 423)

This finding indicated that children aged 12- 59 months whose caregivers were their mothers (91.3%) were more likely to attend child welfare clinic than those whose caregivers were fathers, grandmothers, grandfathers and hired caregivers. Literature to compare this finding was largely lacking.

HEALTH STATUS OF CHILDREN AGED 12- 59 MONTHS

All the 423 (100%) children aged 12- 59 months attended child welfare clinic because they were sick. Majority 267 (63.1%) were coughing, 61(14.4%) had fever, 21 (5.0%) had diarrhea and the rest had other illness. The findings of this study revealed that majority 82.5% children aged 12- 59 months attended child welfare clinic to seek treatment for common childhood illnesses while the minority 17.5% attend clinic to seek treatment for other illnesses and (Table 4).

Reasons for the child attending clinic	Frequencies	Percentage
Coughing	267	63.1
Fever	61	14.4
Diarrhea/ vomiting	21	5.0
Other illness; asthma, convulsions...	74	17.5

Table 4: Health status of children aged 12- 59 months (N = 423)

The findings of this study indicated that if children aged 12- 59 months did not get sick they would not attend child welfare clinic. This meant such children would not utilize growth monitoring and promotion services which are offered routinely at no cost.

ILLNESSES AND DISABILITIES AMONG CHILDREN AGED 12- 59 MONTHS

Very few children suffered from chronic illnesses. Specifically, 14 children suffered from asthma, 14 allergy, 8 convulsions and others suffered from chronic cough, malnutrition, eczema, rickets; one each (Table 5).

Some of the disabilities that some children had were; one child was crippled, one child was deaf and dumb, one had weak legs and the other child had clubbed feet (Table 5).

Caregivers indicated illnesses/ disabilities did not have any influence on utilization of clinic services. However, some of them were of the opinion that, big children did not need to attend clinic. This finding was contrary to the common belief that children with chronic illnesses and disability were never taken to clinic for fear of rejection and/ or discrimination

Category	Type of illness	Frequency	Percent
Illnesses	Asthma	14	18.9
	Allergy	14	18.9
	Convulsions	8	10.8
	Chronic cough	1	1.4
	Malnutrition	1	1.4
	Eczema	1	1.4
	Rickets	1	1.4
Disabilities	Cripple	1	1.4
	Deaf and damp	1	1.4
	Weak legs	1	1.4
	Clubbed feet	1	1.4

Table 5: Illnesses and disabilities among children aged 12- 59 months

CORRELATION OF CHARACTERISTICS OF CHILDREN AGED 12- 59 MONTHS AND CHILD WELFARE CLINIC ATTENDANCE

Data analysis was carried out to determine correlation of characteristics of children aged 12- 59 months and child welfare clinic attendance. Children's sex, ages, suffering from chronic illness and having disability did not significantly influence child welfare clinic attendance services ($P > 0.05$). There was more child welfare clinic attendance among sick female children than among sick male children ($r = -0.001$, $P = 0.992$). There were more clinic attendance among younger children than older children ($r = 0.008$, $P = 0.876$). More clinic attendance when the child suffer illness ($r = 0.076$, $P = 0.140$), more attendance when the child suffer disability than when the child did not ($r = 0.006$, $P = 0.906$), (Table 6).

Child welfare clinic attendance	Sex of the 12 - 59 months old child	Age of the child in complete months	Child suffer from chronic illness	Child have suffered disability
Attendance of CWC	1			
Sex of the 12 - 59 months old	$r = -0.001$ $P = 0.992$			
Age of the child in months	$r = 0.008$ $P = 0.876$	$r = 0.022$ $P = 0.661$		
Child suffer from chronic illness	$r = 0.076$ $P = 0.140$	$r = -0.027$ $P = 0.599$	1	
Child suffer disability	$r = 0.006$ $P = 0.906$	$r = -0.125$ $P = 0.014^*$	$r = -0.036$ $P = 0.488$	1

*significant at $P \leq 0.05$

Table 6: Correlation of characteristics of children aged 12- 59 months and child welfare clinic attendance N = (423)

VI. CONCLUSION AND RECOMMENDATION

CONCLUSION

From the findings of this study the following conclusions were made:

- ✓ There were several characteristics emanating from children aged 12- 59 months that influenced child welfare clinic attendance as opposed to the usual understanding that such influences can only come from caregivers and healthcare facilities. The characteristics of the children include Socio- demographics, relationships between children and their providers of upkeep and caregivers as well as the health status of the children aged 12- 59 months.

RECOMMENDATION

Researchers, healthcare providers, and health policy makers should always consider characteristics of under- five children when addressing issues affecting child welfare clinic attendance.

REFERENCES

- [1] American Psychological Association (2021). Parents and Caregivers are Essential to children's Healthy Development. Washington DC 20002-4242 1
- [2] Bunning, K, Gona, J.K, Newton, C.R. & Hartley, S., (2017).The perception of disability by community groups: Stories local understanding, beliefs and challenges in a rural part of Kenya. Journal, pone, 0182214).
- [3] Ministry of Health (2020). Mother and Child Health Handbook. Ministry of Health, Nairobi, Kenya Pp 29-32.
- [4] Nyabuti, J.I. (2017).Factors Associated with the Continuation of Growth Monitoring among Children 10 to 59 Months Old in Nyamira County, Kenya. Kenyatta University, Institutional Repository, 15:10.
- [5] Nyang'enchi,N. E., Andre, Y., Keneth, K. R.& Justus, O. S. O.(2020). Uptake of routine Growth monitoring among children under- 9 months in Nyamira County, Kenya. International journal of Community Medicine and Public Health 7(1):22- 27.

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