Int.J.Curr.Microbiol.App.Sci (2021) *10*(08): 293-304

International Journal of Current Microbiology and Applied Sciences
***ISSN: 2319-7706* Volume 10 Number 08 (2021)**
Journal homepage: http://www.ijcmas.com

Original Research Article https://doi.org/10.20546/ijcmas.2021.1008.034

Child Care Practices Adopted by the Urban and Rural Families and Health Problems Encountered by the Young Children

Veena Bhalerao* and Nawal Chause

Department of HD and FS, College of Community Science, VNMKV, Parbhani, India

**Corresponding author*

Keywords

Child care practices, Health care of young children, Urban & rural children

Article Info

Accepted:
15 July 2021
Available Online:
10 August 2021

A B S T R A C T

The study entitled "Child Care Practices Adopted by the Urban and Rural Families and Health problems encountered by the young children" was carried out in randomly selected five colonies of Parbhani town and five villages from five talukas of Parbhani district. The purposive random sampling method was used and 150 families (75 urban and 75 rural) having children in the age range of 2-6 yrs were studied to know their child care practices and health problems encountered by the young children. The data pertaining to the study were collected by personally interviewing the urban and rural families. The Z test and correlation test were used for statistical analysis. The study results revealed that the majority of the mothers were involved in personal grooming of children irrespective of urban or rural area. From both the groups, almost all the mothers were involved in children's menu planning, giving training to children about following hygiene practices whereas 49-52 percent fathers were involved in health care of children. Further, it was found that the age of the parents, their SES and education were significantly correlated with their involvement in child care practices.

Introduction

The children of today are the future of tomorrow. The future of any country is dependent on healthy growth and development of children. Child upbringing practices have long term effects on the development of the children. Proper child-rearing is very important since it influences development and behaviour of the children. In early years of children's development, family especially parents play a vital role as primary care givers and as the first teachers/educators. The parents and the home environment have a very significant influence on the child's participation and performance in education. Miller and Drzal (2013) conducted a longitudinal study on 6050 children, in age group of 2-4 yrs. Results showed that children who were living in the rural areas, performed

poor in both reading and maths activities (16 SD for both) than the children living in urban (11 SD for reading, 15 SD for maths) area. Likewise rural children's home environment tends to look bad than did the home environment of urban areas. In addition, rural parents had less knowledge of child development than the parents living in urban areas.

It is widely recognised that parents' involvement and quality support are crucial in holistic development of the young children and their future success. Punia (1998) studied the involvement of parents in child care. A sample of 75 single earner and 75 dual earner families were selected for this study purpose. It was found that regarding maternal involvement in health care of the child, 76 per cent of mothers were involved in keeping the record of vaccination, medical care and health of the child. The most of the fathers (50-60 %) were involved in child care practices.

Pertin, M. (2020) studied the casual relationship between maternal education & child health and found that educated mothers give better attention to nutritional status, health care, sanitation habits and good environment for child's growth and development.

Puri *et al.,* (2020) under National Family Health Survey in India revealed parental characteristics such as age, educational level and employment determine quality of child health and nutritional status. Parents who were very young, non-educated, belong to poor class were found to be significantly associated with the poor child health outcomes.

Sharma (1998) investigated early child care practices adopted by educated parents from Parbhani town. A sample of 150 parents having 2 to 5 years children having different educational level were chosen. It was found that more number of S.S.C educated parents' children reported to have various behavioural problems followed by children of H.S.C. educated and graduate parents. Parental education found to have significantly positive impact on health status of young children. Mothers' role influences different traits of children regarding their adjustment, values and mostly development of young children. Hart and Risley (1995) proved that maternal education has reliably been a powerful predictor of children's language development. The higher level of mothers' education influenced good language skills as these mothers interacted more with their children in comparison to less educated mothers. As per Atkinson (1994) rural parents find difficulty in getting scientific information in child care it was found that rural families used friends and relatives as sources of information about child care practices to be adopted, as well as to provide opportunities to their young children. Improper diet, lack of medical care, poorly ventilated space, inadequate sleep, unorganised or badly planned play activities etc become hindrances in growth and development of a young child.

Materials and Methods

The study was focused on the selected aspects of child care practices adopted by the urban and rural families and health problems encountered by the young children. The purposive random sampling method was used and 150 families (75 urban and 75 rural) having children in the age range of 2-6 yrs were chosen at random from various colonies and talukas of Parbhani district of Marathwada region of Maharashtra state. A structured and open ended interview schedule cum checklist was prepared to elicit information from urban and rural parents of young children about their personal background and selected child care practices adopted by the parents and were compared among them. The statistical methods opted for the study were Z test and correlation.

Results and Discussion

Personal background information of the sample urban and rural children is indicated in table 1. With regard to age of the children in both the groups, a higher percentage of children were found in the age groups of 4-5 yrs and 3-4 yrs (25-29%) followed by 2-3 yrs and 5-6 yrs (24-20% and 23-21%) respectively. With respect to gender of children, a higher percentage was recorded for females (35-57%) and remaining 46-41 percent males were noted down from urban and rural areas respectively.

In both the groups, a higher percentage of children found to have 2nd ordinal position (48%) followed by 1st ordinal position (45 & 42 %) and remaining 6 percent each of them found to have ordinal position 3rd. It was recorded that relatively a higher percentage of both urban and rural children attended preschool (90%). Among urban children, only 12 percent of them were enrolled in anganwadi centres whereas a higher percentage of them (77%) were attending private preschools. On the other hand in rural area, higher percentages of rural children were enrolled in anganwadi centres (72%) and only 16 per cent of them were going to private preschools.

It is strikingly noted that in urban area, nearly 50 per cent of families were found to be nuclear while similar percentages were noted for joint families in rural areas. Irrespective of demographic area, a higher percentages were noted for medium size of families of children (56 & 46%) followed by small (33-35%) and large families (10-14%) respectively. With respect to SES of sample children, a majority of the families (56-79%) were from lower SES, 33-21 per cent of them were from middle SES and only 10 per cent of the urban children were belonging to upper SES.

Table 2 deals with parental background information of the sample children. It depicts that majority of the sample children's mothers (90% & 81%) from the urban and rural area were found to be in age group of 20-30 yrs i.e. in early adulthood, followed by 30-40 yrs age group i.e. (10%) and (19%). With respect to fathers' age, in both the groups, a higher percentage of them (60%) were in age group of 30-40 yrs, followed by 40-50 yrs age group (5% & 8%).

As far as children's parental education was concerned, from urban area, majority of the mothers (42%) and 33 percent of fathers were found to be secondary school educated followed by higher secondary school education or diploma holders (39% mothers and 23% fathers). However about rural children's parents, similar trends was seen in 63 percent mothers and 59 percent fathers, who were secondary school educated, followed by higher secondary school educated or diploma holder (23% mothers and 28% fathers). Nearly 29 percent of the urban fathers completed their graduation while only 9 percent of the rural fathers had completed their graduation.

A higher percentage of the children's mother (81% & 75%) were home makers while majority of the fathers (48% each) were involved in semi professional jobs like skilled workers, business or shop owners from both the groups. Comparatively more percentages of fathers from urban area (25%) were involved in professions like doctors, engineers, teachers or lecturers than the rural area (4%). On the contrary 48 percent of the rural fathers were noted to be in non professional occupation like farmers, farm labourers, vegetables vendors etc. About monthly income of sample children's families, it was recorded that 70 percent of family's income was found to be in the range of Rs.10, 000-20,000. While 21 percent of them were

having income below Rs.10, 000/month and only 9 percent of them were having monthly income above Rs.20,000.

Table 3 shows the involvement of parents and family members in personal grooming of children. The mothers from both the groups i.e. urban and rural area were involved in trimming of nails (100-82%) of their children followed by 81-66 percent of them were involved in combing hair and dressing their children. It was noted that a higher percentage of rural mothers than urban one were involved in brushing teeth of their children (87 & 60% respectively). Here for brushing children's teeth, urban fathers were supporting to a large extent (40%) while the involvement of rural fathers (65%) was more for taking children to the saloon for hair cutting. While from urban or rural area, mothers and fathers were busy in some other activities or they were not available, 13-33 percent of the family members like grandparents, elder siblings also helped in dressing, combing hair or taking children for hair cutting.

It is seen that majority of the mothers were involved in personal grooming of children irrespective of urban or rural area in trimming of nails and combing hair, brushing teeth. The majority of fathers were found to be involved in taking children for hair cutting (65-68%), while family members were involved in few of the personal care activities. These results are coincide with

Statistical analysis indicates significant differences were noted for involvement of mothers in brushing teeth, taking children for haircut and fathers involvement in brushing teeth of children. With regard to family members' involvement in personal grooming of children, family members from rural families were more involved in combing of children's hair.

Involvement of parents & family members in child care practices is exhibited in table 4. With respect to planning menu of urban as well as rural children, almost 100 percent mothers were taking efforts for giving variety of food to the young children. Irrespective of demographic area, the activities like feeding children (81 & 51%), providing healthy foods (68 & 77%), supervising them while eating (55 & 65%) and serving breakfast (45 & 50%) were performed mostly by mothers only. While urban fathers (32-37%) were involved to a greater extent than their counterpart from rural area (20-32%) in all these activities. To some extent the other family members from both the groups, were also supporting in children feeding and related activities as per need.

In health care aspect, 69 percent of the urban mothers reported to give medicines mostly to sick child while both mothers and fathers were involved equally in taking the child to doctor whenever falls sick. In rural area, it was observed that involvement of mothers (89%) in giving medicines to children was higher.

Irrespective of demographic area, only mothers (100%) were involved in hygiene practices to be adopted by children like washing hands & mouth after eating every time, washing hands & legs after play every time, giving toilet training to children. While few fathers and other family members (7-18%) were involved in giving daily bath to the child from urban as well as rural area. Again it is interesting to note that 25 percent of the urban fathers were involved in training children to wash their hands after defecation and almost all rural mothers were training their children to give practices of proper washing of hands after defecation. The statistical differences were noted for the involvement of rural and urban mothers in feeding young children as well as serving them breakfast.

Table.1 Personal background information of sample children and their families

Background variables	Percentages of children		Percentages of children irrespective of demographic area (n=150)
	Urban (n=75)	Rural (n=75)	
Child			
Age (yrs)			
2-3	24.00 (18)	20.00 (15)	**22.00 (33)**
3-4	25.33 (19)	29.33 (22)	**27.33 (41)**
4-5	28.00 (21)	29.33 (22)	**28.67 (43)**
5-6	22.66 (17)	21.33 (16)	**22.00 (33)**
Gender			
Male	46.66 (35)	41.33 (31)	**44.00 (66)**
Female	34.66 (40)	58.66 (44)	**56.00 (84)**
Ordinal position			
I	45.33(34)	42.66 (32)	**44.00 (66)**
II	48.00 (36)	48.00 (36)	**48.00 (72)**
III	6.77 (5)	6.77 (5)	**6.66 (10)**
IV	--	2.66 (2)	**1.33 (2)**
Attend preschool	89.33 (67)	88.00 (66)	**88.66 (133)**
Type of preschool			
Anganwadi	12.00 (9)	72.00 (54)	**42.00 (63)**
Private	77.33 (58)	16.00 (12)	**46.67 (70)**
Family			
Type			
Nuclear	46.6 (35)	30.6 (23)	**38.67 (58)**
Joint	37.33 (28)	46.66 (35)	**42.00 (63)**
Extended	16.00 (12)	22.66 (17)	**19.33 (29)**
Size			
Small (<4)	33.33 (25)	34.66 (29)	**36.00 (54)**
Medium (5-8)	56.00 (42)	46.66 (35)	**51.33 (77)**
Large (>8)	10.66 (8)	14.66 (11)	**12.67 (19)**
SES			
Upper	**10.66 (8)**	**--**	**5.33 (8)**
Middle	**33.33 (25)**	**21.33 (16)**	**27.33 (41)**
Lower	**56.00 (42)**	**78.66 (59)**	**67.33 (101)**

Figures in parenthesis indicate frequencies

Table.2 Parental background information of the sample children

Parental background information	Percentages of parents				Percentages irrespective of demographic area	
	Urban (75)		Rural (75)			
	Mothers (n=75)	Fathers (n=75)	Mothers (n=75)	Fathers (n=75)	Mothers (n=150)	Fathers (n=150)
Age (yrs)						
20-30	90.66 (68)	34.6 (26)	81.33 (61)	32.00	86.00	**33.33 (50)**
30-40	9.33 (7)	60.00	18.66 (14)	(24)	(129)	**60.00 (90)**
40-50	--	(45)	--	60.00	14.00	**6.67 (10)**
		5.33 (4)		(45)	(21)	
				8.00 (6)	--	
Education						
Post Graduates	6.66 (5)	14.66	---	2.6.0 (2)	3.33 (5)	**8.66 (13)**
Graduates	9.33 (7)	(11)	4.00 (3)	9.33 (7)	6.66 (10)	**19.33 (29)**
HSC/Diploma	38.66 (29)	29.33	22.66 (17)	28.00	30.66	**25.33 (38)**
SSC	41.33 (31)	(22)	62.6 (47)	(21)	(46)	**46.00 (69)**
Primary School	4.00 (3)	22.77	10.66 (8)	58.6 (44)	52.00	**0.66 (1)**
		(17)		1.33 (1)	(78)	
		33.33			7.33 (11)	
		(25)				
		--				
Occupation						
Professionals	9.33 (7)	25.33	1.33 (1)	4.00 (3)	5.33 (8)	**13.33 (20)**
		(19)				
Semi professionals	9.33 (7)	48.00	24.00 (18)	48.00	16.66	**48.00 (72)**
		(36)		(36)	(25)	
Non professionals	81.33 (61)	26.77	74.66 (56)	48.00	78.00	**37.33 (56)**
		(20)		(36)	(117)	
Family monthly income (Rs.)						
Below 10,000	**13.33**	**9.33 (7)**	**9.33 (7)**	**33.3 (25)**	**11.33**	**21.33 (32)**
10,000 to 20,000	**(10)**	**77.33**	**20.00**	**62.2 (47)**	**(17)**	**70.00 (105)**
Above 20,000	**5.33 (4)**	**(58)**	**(15)**	**4.00 (3)**	**12.66**	**8.66 (13)**
	1.33 (1)	**13.33**	**---**		**(19)**	
		(10)			**0.66 (1)**	

Figures in parenthesis indicate frequencies

Table.3 Involvement of parents and family members in personal grooming of children

Personal grooming	Percentages of parents & family members						Z values		
	Urban (75)			Rural (75)					
	Mothers (a)	Fathers (b)	Family members (c)	Mothers (d)	Fathers (e)	Family members (f)	a Vs d	b Vs e	c Vs f
Brushing teeth	60.00 (45)	40.00 (30)	--	86.66(65)	13.33 (10)	--	2.20*	5.56**	--
Dressing	64.00 (48)	22.66 (17)	13.33 (10)	66.66 (50)	14.66 (11)	18.67 (14)	0.25NS	2.63*	2.07*
Combing hair	81.33 (61)	--	18.66 (14)	66.67 (50)	--	33.33 (25)	1.21NS	--	3.38**
Trimming nails	100.0 (75)	--	--	82.66 (62)	17.33 (13)	--	1.16NS	--	--
Hair cutting	32.00 (24)	68.00 (51)	--	17.33 (13)	65.33 (49)	13.33 (10)	3.55**	0.27NS	--

Figures in parenthesis indicate frequencies *P < 0.05 level **P < 0.01 level NS - Non-Significant

Table.4 Involvement of parents and family members in diet, health care and hygiene practices of their children

Diet, health care and hygiene practices	Percentages of parents & family members						Z values		
	Urban (75)			Rural (75)					
	Mothers (a)	Fathers (b)	Family members (c)	Mothers (d)	Fathers (e)	Family members (f)	a Vs d	b Vs e	c Vs f
Diet									
Menu planning	100.0 (75)	--	--	100.0 (75)	--	--	--	--	--
Feeding	81.33 (61)	--	12.00 (9)	50.67 (38)	32.00 (24)	17.33 (13)	2.79^{**}	--	0.46^{NS}
Serving breakfast	45.33 (34)	36.00 (27)	18.66 (14)	66.67 (50)	20.00 (15)	13.33 (10)	2.31^{*}	3.42^{**}	2.07^{*}
Providing healthy foods	68.00 (51)	32.00 (24)	--	77.33 (58)	22.66 (17)	--	0.79^{NS}	2.10^{**}	--
Supervising while eating	54.66 (41)	37.33 (28)	8.00 (6)	65.33 (49)	20.00 (15)	14.66 (11)	1.09^{NS}	3.60^{**}	3.60^{**}
Health care									
Visit to doctor	50.67 (38)	49.33 (37)	--	48.00 (36)	52.00 (39)	--	0.33^{NS}	0.32^{NS}	--
Giving medicines	69.33 (52)	30.67 (23)	--	89.33 (67)	10.66 (8)	--	1.54^{NS}	5.44^{**}	--
Hygiene practice									
Washing hands & mouth after eating every time	100.0 (75)	--	--	100.0 (75)	--	--	--	--	--
Washing hands & legs after play every time	100.0 (75)	--	--	100.0 (75)	--	--	--	--	--
Giving daily bath	84.00 (63)	6.67 (5)	9.33 (7)	66.66 (50)	14.66 (11)	18.67 (14)	1.40^{NS}	4.48^{**}	4.00^{**}
Giving toilet training	100.0 (75)	--	--	100.0 (75)	--	--	--	--	--
Washing hands after defecation	74.66 (56)	25.33 (19)	--	100.0 (75)	--	--	1.76^{NS}	--	--

Figures in parenthesis indicate frequencies *P < 0.05 level **P < 0.01 level NS - Non-Significant

Table.5 Common health problems encountered by the sample children

Health problems encountered	Percentages of children						Z values		
	Urban (n=75)			Rural (n=75)					
	Sometimes	Rarely	Never	Sometimes	Rarely	Never	Sometimes	Rarely	Never
Cough	--	13.33 (10)	86.67 (65)	--	32.00 (24)	68.00 (51)	--	4.75**	1.47NS
Cold	29.33 (22)	70.66 (53)	--	46.66 (35)	53.33 (40)	--	2.75**	1.74NS	--
Fever	25.33 (19)	74.67 (56)	--	45.33 (34)	54.66 (41)	--	3.35**	1.84NS	--
Diarrhoea	--	13.33 (10)	86.67 (65)	--	29.33 (22)	70.66 (53)	--	4.39**	1.24NS
Constipation	--	16.00 (12)	84.00 (63)	--	22.66 (17)	77.33 (58)	--	2.12*	0.50NS
Bleeding gums	--	35.33 (19)	74.67 (56)	--	10.66 (8)	89.33 (67)	--	4.73**	1.07NS
Poor appetite	8.00 (6)	10.66 (8)	81.33 (61)	13.33 (10)	22.66 (17)	77.33 (58)	3.10**	4.26**	0.31NS
Allergies	8.00 (6)	16.00 (12)	76.00 (57)	--	10.66 (8)	89.33 (67)	--	2.86**	0.96NS
Other health problems (Tooth decay, tooth ache)	--	10.66 (8)	89.33 (67)	--	28.00 (21)	76.00 (54)	--	5.12**	0.99NS

Figures in parenthesis indicate frequencies

Table.6 Correlation between selected aspects of child care practices adopted by the parents and their background variables

Background variables of children	Involvement of parents in child care practices				Health problems of children	
	Urban		Rural			
	Mother (75)	Father (75)	Mother (75)	Father (75)	Urban (75)	Rural (75)
Age	-0.33**	0.23*	0.28*	-0.10NS	0.07NS	0.19NS
Gender	0.13NS	-0.14NS	0.21NS	0.16NS	0.14NS	-0.07NS
Type of family	-0.06NS	0.11NS	0.18NS	0.11NS	-0.05NS	0.24*
Socio Economic Status of family	0.53**	-0.54**	0.34**	0.22NS	-0.24*	-0.55**
Mothers education	0.29*	0.15NS	0.27*	0.34**	-0.31**	-0.25*
Fathers education	-0.19NS	0.22*	-0.53**	0.63**	0.11NS	0.16NS
Family income	0.14NS	0.12NS	0.17NS	0.08NS	0.13NS	-0.09NS
Children attending preschool	-0.27*	0.19NS	0.22NS	0.16NS	0.18NS	-0.09NS

*P < 0.05 level **P < 0.01 level NS - Non-Significant

The reason for these results may be because the urban fathers were involving in serving breakfast to children. The significant differences between urban and rural parents involvement in providing healthy foods to children, supervising children while eating and giving medicines to children as per doctor's prescription shows the positive trend of involving urban fathers in children's feeding and health care activities. The rural fathers were noted to be significantly were involved in giving bath to the children. Even rural family members were helping in supervising children while eating in giving bath to the child. These significant differences indicate positive attitude of family members in supporting mothers to take care of child. It can be concluded that almost all mothers were involved in children's menu planning, giving children training on hygiene practices, irrespective of their demographic area. The 49-52 percent of the fathers from both the areas were involved in health care of children.

Table 5 indicates common health problems encountered by sample children. It is imperative from the results that 8-29 percent of urban children were caught with allergies, fever and common cold. While health problems rarely prevalent like cold & fever were ranging between 70-74 percent among selected children. However, bleeding gums, constipation, skin allergies, diarrhoea, cough, poor appetite and other problems included tooth decay, tooth ache were ranging between 35-10 percent. Majority of the urban children reported that they never had health problems from the above mentioned list. The rural children reported the morbidity for health problems like cold (47%), fever (45%) and poor appetite (13%). The health problems rarely encountered by rural children were fever (55%), cold (53%), cough (32%), diarrhoea (29%), constipation and poor appetite (23%) and lastly bleeding gums, Allergies (10%).

Statistical results shows that the significantly higher difference observed among rural children with reference to mentioned health problems such as cough, cold, fever, diarrhoea, poor appetite etc. either sometimes or rarely than the urban parents.

It can be said that children from both the groups mostly suffered from cold and fever, rather than their demographic variation. A higher percentage of urban children (86-89%) were reported to never caught any health problem than their counterpart children. The reason may be that being their mothers were taking at most care to protect them during seasonal changes.

Table 6 indicate correlation between selected aspects of child care practices adopted by the parents and their background variables. It is clear from the table that significant correlation was seen between the age of urban mothers, their SES status, maternal education and children who were attending preschool, involvement of mothers was more in child care. It was found that increasing age of mothers had negative influence on their involvement in child care. However as the child was attending the preschool, the urban mothers were found to be less involved in child care.

While studying correlation between fathers' involvement in child care and associated background variables, it was reiterated that their age and education were significantly correlated with involvement in child care. It may be due to increasing age and higher qualification; fathers have realized importance of their involvement in child's wellbeing. While it is worthy to note that as socioeconomic level of family was increasing, involvement of the urban fathers in child care was found to be decreasing, the reason may be that they were getting less time for children due to their occupational engagements.

In case of rural mothers, it was found that as mothers' age, education and SES was increasing, similarly their involvement was also seen to be increased. The reason for this may be that with increasing age and experience as well as higher education has given them more exposure and vision as well as awareness about proper child care practices. Altogether higher SES improves the purchasing power of mothers, for providing various kinds of educational play materials to children, supportive manpower for doing household activities which relieves them for involving in child care more anxiously.

It was noticed that in rural families, fathers were more educated than mothers and the involvement fathers in child care was significantly high. The reason behind it may be that more educated rural fathers were shouldering responsibility more in child care. The highly inversely significant results were noticed for involvement of rural fathers and maternal involvement in child care. It is imperative from the results that the educated rural mothers and fathers were significantly involved in child care, which would definitely result into proper upbringing of the children.

With regard to health problems found among young the children, urban parents' SES and mothers education were correlated negatively, indicating educated urban mothers' children were encountering less health issues. The families having higher SES were able to provide better physical facilities and basic amenities to children, therefore frequency of falling sick was less among urban children. In rural families, it was observed that there was significant correlation between type of family, SES and maternal education with child care involvement of parents.

The rural mothers education was negatively significantly correlated with health problems incidence among children indicating, with increasing education of their mothers, the frequency of the sickness among children was decreasing. Similarly the health problems among children from higher SES families were less. The significant results indicated that children hailed from rural, joint families revealed less health problems than the children from nuclear families. The reason behind it

may be that more family members are available to support routine child care activities.

From this table it is seen that age of maters and fathers, their SES, education of both the parents were significantly correlated with their involvement in child care. Negative correlation was noticed between incidence of health problems with SES and mothers education. Some of these results are even reported by Sharma (1998) and Priya, M. (2018) revealed that fathers were more involved in child's basic and recreational needs rather than educational needs. A high majority of the mothers were involved in personal grooming of children irrespective of urban or rural area. From both the groups, almost all mothers were involved in children's menu planning, giving training to children on following hygiene practices whereas 49-52 percent fathers were involved in health care of children. Further it was found that the age of parents, their SES and education were significantly correlated with their involvement in child care practices.

References

Atkinson, Alice 1994. Rural and urban families' use of child care. Family Relations. 43 (1), 16-22.

Hart, B. and Risley, T. R. 1998. Meaningful differences in the everyday experiences of young American children. Journal of Pediatric Psychology. 23 (3), 1-85. Retrieved from psynet.apa-org.

Miller Portia & Drzal, E. V. 2013. Early academic skills and childhood experiences across the urban and rural continuum. Early Childhood Research Quarterly. 28, 234-248.

Pertin, M. 2020. Effect of maternal education on maternal and child health in Arunachal Pradesh. Dissertation submitted to Rajiv Gandhi University. Retrieved from http://hdl.handle.net/10603/307013.

Punia, S. 1998. Level of parental involvement in child care. Chaudhary Charan Singh Haryana Agricultural University, Hisar.

Puri, *et al.*, 2020. Identification of the parental risk Factors. Scientific reports. Retrieved from http://doi.org/1038/415, 98-020-63210-5.

Priya, M. 2018. Fathers's involvement in child development. International Journal of Family and Home Science. 14 (1), 121-128.

Sharma, S. M. 1998. Early child care practices adopted by urban parents in Parbhani town. M Sc thesis submitted to Marathwada Agriculture University, Parbhani.

How to cite this article:

Veena Bhalerao and Nawal Chause. 2021. Child Care Practices Adopted by the Urban and Rural Families and Health Problems Encountered by the Young Children. *Int.J.Curr.Microbiol.App.Sci.* 10(08): 293-304. doi: https://doi.org/10.20546/ijcmas.2021.1008.034