

**A STUDY TO ASSESS THE PRACTICE REGARDING CARE OF CHILDREN
DURING HOT SUMMER CLIMATE AMONG THE MOTHERS HAVING CHILDREN
0 – 10 YEARS IN KEELAPULIYUR VILLAGE AT PERAMBALUR
DISTRICT.**

Author *Mrs.J.Sathyapriya Associate Professor,

Dhanalakshmi Srinivasan College of Nursing at Perambalur,

Tamilnadu.

Co author: *Mrs.Hemamalin

Abstract:

Aim: To improve the knowledge regarding care of children during hot summer climate among 0-10 year children. **Objective:** To assess the pre-test and post-test level of knowledge regarding care of children during hot summer climate. **Research design:** The research design id adopted non- descriptive quantitative design **Participants:** 50 mothers having children with age group of 0-10years. Criteria: mothers having children less than 10years in Keelapuliyur village. **Methods:** The sampling technique the investigator was used simple road on sampling technique by lottery method. **Setting:** Keelapuliyur village, Perambalur District. **Findings:** Mostly it reveals that that 15(30%) were in unfavorable practices, 22(44%) were in moderately favorable practice, 13(26%) were in favorable practices...

Conclusion: People pose moderately favorable practices as the indicator percentage was high.

KEYWORDS: Practice regarding care for children, 0-10 year age.

INTRODUCTION

Health is “a state of complete physical, mental, social, and spiritual wellbeing and not merely the absence of disease or infirmity

-World Health organization (1948)

Heat exhaustion is a condition whose symptoms may include heavy sweating and a rapid pulse, a result of your body overheating causes of heat exhaustion include exposure to high temperatures, particularly when combined with high humidity, and strenuous physical activity.

The healthy human body maintains its internal temperature around 37°C . Variations, usually of less than 1°C , occur with the time of the day, level of physical activity or emotional state. A change of body temperature of more than 1°C occurs only during illness or when environmental conditions are more than the body's ability to cope with extreme heat.

As the environment warms-up, the body tends to warm-up as well. The body's internal "thermostat" maintains a constant inner body temperature by pumping more blood to the skin and by increasing sweat production. In this way, the body increases the rate of heat loss to balance the heat burden. In a very hot environment, the rate of "heat gain" is more than the rate of "heat loss" and the body temperature begins to rise. A rise in the body temperature results in heat illnesses.

The main source of heat in normal conditions is the body's own internal heat, called metabolic heat, it is generated within the body by the biochemical processes that keep us alive and by the energy we use in physical activity. The body exchanges heat with its surroundings mainly through radiation, convection, and evaporation of sweat.

Radiation is the process by which the body gains heat from surrounding hot objects, such as hot metal, furnaces or steam pipes, and loses heat to cold objects, such as chilled metallic surfaces, **without contact** with them. No radiant heat gain or loss occurs when the temperature of surrounding objects is the same as the skin temperature (about 35°C).

Convection is the process by which the body exchanges heat with the surrounding air. The body gains heat from hot air and loses heat to cold air which comes **in contact** with the skin. Convective heat exchange increases with increasing air speed and increased differences between air and skin temperature.

Evaporation of sweat from the skin cools the body. Evaporation occurs more quickly and the cooling effect is more noticeable with high wind speeds and low relative humidity. In hot and humid workplaces, the cooling of the body due to sweat evaporation is limited because the air cannot accept more moisture. In hot and dry workplaces, the cooling due to sweat evaporation is limited by the amount of sweat produced by the body.

The body also exchanges small amounts of heat by conduction and breathing. By conduction, the body gains or loses heat when it comes into direct contact with hot or cold objects. Breathing exchanges heat because the respiratory system warms the inhaled air. When exhaled, this warmed air carries away some of the body's heat. However, the amount of heat exchanged through conduction and breathing is normally small enough to be ignored in assessing the heat load on the body.

When the air temperature or humidity rises above the range for comfort, problems can arise. The first effects relate to how you feel. Exposure to more heat can cause health problems and may affect performance. As the temperature or heat burden increases, people may feel:

- Increased irritability.
- Loss of concentration and ability to do mental tasks.
- Loss of ability to do skilled tasks or heavy work.

In moderately hot environments, the body "goes to work" to get rid of excess heat so it can maintain its normal body temperature. The heart rate increases to pump more blood through outer body parts and skin so that excess heat is lost to the environment, and sweating occurs. These changes place additional demands on the body. Changes in blood flow and excessive sweating reduce a person's ability to do physical and mental work.

Manual work creates additional metabolic heat and adds to the body heat burden. When the environmental temperature rises above 30°C, it may interfere with the performance of mental tasks.

STATEMENT OF THE PROMBLEM:

A STUDY TO ASSESS THE PRACTICE REGARDING CARE OF CHILD DURING HOT SUMMER CLIMATE AMONG THE MOTHERS HAVING CHILDREN 0 – 10YEARS OF AGE IN KEELAPULIYUR VILLAGE.

OBJECTIVES

- To assess the practices regarding care of child during hot summer climate the mothers having children 0-10 years of age.
- To find out the association between the practices regarding care of child during hot summer climate with their selected demographic variables.
- To develop and validate an informational booklet on care of child during hot summer climate.

HYPOTHESES

H₁ - There is a significant difference in the practice followed on care of child during hot climate among mothers.

H₂ - There is a significant association between the practices regarding the care of child in hot summer climate in children age of 0-10 years with the selected demographic variable.

Regarding demographic variables related to birth spacing measures:

- The table reveals that regarding 5(10%) mothers are in less than 20years are group;8(16)mothers are in the age group of 21 - 30years; 33(66%) mothers are in the age group of 31 - 40 years and 4(8%) of mothers are in the age group of more than 41 years. The table reveals that regarding 15(30%) are children between the age group of 0 - 3years; 16(32%) are the children between the age group of 4 - 6year and 19(38%) are children age group between 7 - 10 years.
- Regarding the educational qualification there is none with non-formal; primary educations are 25(50%); secondary educations are 22 (44%) and graduates are 3(6%) were entered.
- Regarding the occupational status of daily wedges are 31(62%); personal business are 15(30%); government job 1(2%) and the private jobs are 11(22%).
- It refers to the monthly income of the family that are less than Rs.6000 are 22(44%); Rs.6001 - 10,000 are 6(18%); Rs.10,001 - 14.000 are 8(16%);and Rs.14,001 and above are 11(22%).

- Type of family refers to either joint family 41(82%) and nuclear family 9(18%).

The first objective was to assess the existing knowledge regarding the care of child in hot summer climate in children age of 0 - 10 years residing in keelapuliyur village in Perambalur District:

In represents the level of knowledge regarding the care of child in hot summer climate among the mothers having a children age of 0 - 10years. The distribution of knowledge regarding the care of child in hot summer climate among the mothers having a children age of 0 - 10years with unfavorable practice was 15(30%); moderately favorable practice was 22(44%); and favorable practice was 13(26%).

The finding reveals that there is significant difference knowledge; so the research hypothesis RH1 is accepted.

The second objective was to associate the level of knowledge regarding the care of child in hot summer climate in children age of 0 - 10years with the selected demographic variable.

In reveals that there is significant association between the knowledge regarding the care of child in hot summer climate in children age of 0 - 10years with the selected demographic variable.

Hence the research hypothesis RH2 stated that there is a significant association between the knowledge regarding the care of child in hot summer climate in children age of 0 - 10years with the selected demographic variable.

SUMMARY

This chapter dealt with the summary of the study, major findings, Findings related to overall level of practices in care of children during hot summer climate and finding related to care of children during hot summer climate with their demographic variables, conclusion, and recommendations for future.