Short Communication

Socio-Economic Pattern and Nutrition in Children Under Five Years of Age

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ABSTRACT

Vitamin deficiencies are one of the major causes of death and disease in the mankind history. Vitamin A deficiency has been considered as one of the causes of poor nutritional status of children under five years of age. This study was carried out to know the socio-economic pattern and nutrition in children under five years of age in two villages of District Faisalabad. For this purpose, 500 children were selected randomly from two rural localities. It was found that children belonging to families with poor socio-economic status have vitamin A deficiency and they also suffered from different diseases such as Bitotspots, Angular lesion conjunctivitis, Dermatitis and conjunctival dryness. Results showed that 73% children were normal having no visuals sign of vitamin A deficiency. However, 27% of children had Bitotspots, Angular lesions and conjunctival dryness. Results also showed that nutritional status of children is also related to socio-economic status and disease. Income and education were directly related to vitamin A deficiency. The children of parents having higher income and better education had less frequency of vitamin A deficiency.

Key Words: Socio-economic pattern; Nutrition; Children

INTRODUCTION

In Pakistan, 59.5% of the pre-school children are suffering from protein energy malnutrition (PEM) and only 40.5% of them are above 90% of the standard weight for their age (GOP, 1988). In another local nutritional survey, only 16.18% of school going children have been found normal, while 21.85, 36.55, 20.51 and 4.2% of them were found suffering from first, second, third and fourth degrees of malnutrition, respectively (Ahmed et al., 1997). The prevalence of malnutrition in North Punjab has been reported as 41.8, 42.9 and 76.3% during the years 1977, 1986 and 1992, respectively (Wajid, 1993). Recently, National Health Survey of Pakistan has indicated that 23.8% of the children (under five years of age) are malnourished (CNHSP, 1997). The total percentage of malnourished children constitutes 19.6% from urban and 29.9% from rural areas of Pakistan (GOP, 1988). The nutritional status of children under five years of age belonging to low socio-economic rural community has, therefore, been assessed with special reference to vitamin A deficiency.

MATERIAL AND METHODS

The study involved 500 rural children of both sexes under five years of age with low socio-economic background. For this purpose, two villages namely Chak No. 443/G.B. and Gujar Basti of Tehsil Sumundri District Faisalabad were surveyed. Age, sex and data related to

other socio-economic aspects of each child were also recorded. The above information was recorded on a proforma.

Information was collected about socio-economic status of the family by using a questionnaire. Level of education, occupation and age of parents were recorded. Income level of the family was assessed. This was done by recording the members of family and the facilities available in the form of refrigerator, television, telephone, transport, land holding, occupation and other sources of income. Records were also maintained for family set up (joint/nuclear).

Age of each child was recorded on the basis of information provided by the mother and birth record where available. Children were weighed in kilograms in light-clothes and bare footed using weighing machine.

The data were subjected to statistical analysis. Chisquare was applied on cross tables to interpret the results.

RESULTS AND DISCUSSION

Socio-economic status

Income. Frequency of children against monthly income has been shown in Table I. This is clearly indicated that with increase in income of family, there is gradual decrease in the number of vitamin A deficient children. Vitamin A deficient children (84.5%) belonged to lowest income group up to Rs. 1000/month; 12.6% to medium low income group Rs. 1001-2000 and 2.9% deficient children belonged to those families who had relatively higher income i.e. up to Rs. 2001-3000/month.

Table I. Frequency/percentage of vitamin A deficient children in different income groups of rural poors

Income (Rs.)	Frequency	Percentage
Up to 1000	114	84.5
1001-2000	17	12.6
2001-3000	4	2.9
Total	135	100.0

The vitamin A deficiency may be attributed to non-availability of balanced diet particularly animal products and green leafy vegetables.

Education of females. Table II shows the effect of female education on deficiency signs caused by the lack of vitamin A and carotene. It is evident from the table that illiterate mothers had 80.95% children with vitamin A deficiency as compared to the literate mothers with primary and middle education.

Table II. Percent distribution of the respondents' mothers into different educational standards

Education	Frequency	Percentage
Illiterate	109	80.75
Primary	24	17.78
Middle	2	1.47
Matric	_	_
F.A.	_	_
Total	135	100.0

The mothers educated up to the primary level had 17.78% vitamin A deficient children. Whereas, those educated up to Middle level had 1.47% deficient children. No vitamin A deficient children were born to the mothers with F.A. education and above. This indicates that education/nutrition education played a vital role in combating malnutrition. The results clearly show that with increase in education there is decrease in vitamin A deficient children.

Education of male. There was gradual decrease in vitamin A deficiency with increase in education of males (Table III); 72.5% children showed vitamin A deficiency who had illiterate fathers. Fathers with primary education showed 23.7% vitamin A deficient children; 2.98% children belonged to middle educated fathers and 0.75% to fathers having Matric education.

Table III. Percent distribution of the respondents' fathers into different educational standards

Education	Frequency	Percentage
Illiterate	98	72.59
Primary	32	23.70
Middle	4	2.96
Matric	_	_
F.A.	_	_
Total	135	100.0

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