Empirical Analysis of Socio-economic Factors Effecting Nutritional Status of Children (1-5) of Age

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ABSTRACT

In Pakistan, in spite of upsurge in per capita food accessibility, subsequent increases in per capita calorie and protein intake, the occurrence of undernourishment has not been enhanced for last twenty years. Nutrition has intense effect on health during every course of human life and is intimately connected with mental and social progress, particularly in the initial stages of childhood. In situations like a short supply of material and social means, children would be unable to complete their full progression and development. Despite the improvement in the nutritional state of children in recent years, the magnitude of malnutrition with relation to fitness circumstances remains high with serious health concerns. The present study targets the attitudes of parents towards their children’s (age 1-5) nutritional status. Socioeconomic factors include the marriage age of the mother, education of mother, number of children, household income and knowledge about nutritional food.

KEYWORDS

Attitude, Calorie Count, Gender, Health, Malnutrition, Marriage, Poverty

INTRODUCTION

Nutritional status of the children is being a major problem since modern era begins. Every community faces many serious problems with the view of malnourishment. According to WHO and UNICEF (2009) report 7.6 million children below the age of five expire every year, over two third of this child mortality are owing to circumstances that could be treated with access to simple, reasonable interventions. The report also discussed the prominent reasons of deaths in under five children are Pneumonia, diarrhea, malaria and health issues in the course of first month of life.

Over one third of all child deceases are connected to malnutrition. Children in low income countries are approximately 18 times more likely to expire earlier the age of five than children in high income countries. Save the children report (2012) stated that malnutrition is a primary reason of more than 2.6 million child deaths, every hour of every day, 300 children die because of malnutrition. Nutritional status is a measurement of how healthy the nutrients in the diet are meeting the physiological needs of the body of any person (Ndambuki, 2015).

Malnutrition, UNICEF described malnutrition as a broad term which mentions to both under nutrition and over nutrition. Under nutrition as the consequence of inadequate quantity and quality of food and recurrent episodes of infectious disease. A child suffering from mild, under nutrition
is twice as likely to die, from malaria as a good-nourished child, and the risk of death is nine times more for a child who is severely undernourished (WHO & UNICEF, 2007).

Socio-economic factors also effect the nutritional position of offspring such as lack of education of the parents as negative impact on their children health. Income is another major problem of parents for the treatment of their loving children. Malnutrition of the micronutrients in body for instance, the iron deficit and Vitamin A Deficiency is still a main communal health issue of developing countries (IUNS, 2017).

**IMPACT OF SOCIOECONOMIC STATUS AND EDUCATION ON HEALTH AND LIVING CONDITIONS**

Elaborating the relationship between socio economic status, parental education, it is proved that moreover the household wealth, the socio economic status and levels of education of parents projected to play a vital role in the levels of nutritional status of their children. It was evident that children from better educated parents are more having good health conditions than those children with uneducated parents (UNESCO, 2010).

**Effect of Poverty and Malnutrition on Health**

Poverty and malnourishment results on the health of children falls harder on girls than boys. Boys more often get special feeding then those of girls under age of five (Wonjohi, 2012). Health complications related with pregnancy, for young female, apparently contain damaging effects. The obvious factors, however are somewhat unknown and indirect (Khattakh & Gul, 2009).

**Impact of Early Marriage on Health of Mother**

Another factor creating harsh conditions for the female gender is early marriage. Frequent pregnancies, casual domestic responsibilities, and sustain breast-feeding, tends on to be the cause or morbid conditions for a woman and their newborn. The girls who married in young ages were found to have repetitive pregnancies, which is also correlated with poor socioeconomic and poor education conditions of mother. (Zafar, 1996).

**Malnutrition in Children and its Causes**

Fundamental causes of malnutrition are resources scarcity and governance of human superstructure organizations that are economic, political and ideological organizations. The cultural, religious, traditional belief also contributes its levels in how children are fed and cared for, all these factors together or separately affect the nutritional status of children (UNICAP, 2007).

The patriarchal authoritative cultural values provide more resources to men that leads to women having less access to productive resources such as access to acknowledgment, upgraded technologies, seed and fertilizer. The women face unfair distribution of food with in household because of less power on household and community credibility. Cultural norms obliged women’s rights, while rearing children and household farm duties are imposed on mothers only, their time and movement, resulting poor care of themselves and their kids consequently appears in poor nutritional status.

**Transmissible Diseases**

These are infectious diseases transfer from person to person and also depend on the human contacts. The human being body’s immune system actively resists some, whereas others are including auto-immune diseases, hit and weaken the immune system itself. Some present detectable and obvious symptoms in a short time, while others are harbored for years before becoming active. Major communicable diseases in order of current importance in the Pakistan as causes of anemia, are: pneumonia, tuberculosis, influenza, infectious hepatitis and HIV/AIDS. Which leads to the deaths of children under age of five.
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