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Research Article

Socioeconomic Status and Child Health Conditions

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Abstract

Aim: The aim of the study is to find the association between child socioeconomic background (SEB) and health conditions of children of south Mumbai of Maharashtra.

Methodology: Ahospital cross-sectional research design was used by selecting 40 children from selected hospitals of south Mumbai using probability simple random technique. Data were collected with the help of structured interviews, structured questionnaires, and rating scale. Data get analyzed using descriptive and inferential statistics.

Results: For parameter, "body mass index (BMI)," the beta value is (0.03), it means when we increase value of independent variable (child SEB) by 1, the value of dependent variable (BMI) will increase by 0.03, and there is very poor positive relation among BMI and composite score of socioeconomic background parameters. For parameter, "behavioral difficulty," the beta value is −0.42, it means when we increase independent variable (child SEB) by 1, the value of dependent variable (behavioral difficulty) will decrease by 0.42. It indicated that there is inverse relation among behavioral difficulties and composite score of socioeconomic background parameters. For parameter, "sleep problem," the beta value is (−0.67), it means when we increase independent variable (child SEB) on X axis by 1, the value of dependent variable (sleep problem) on Y axis will decrease by 0.67 and that's why there is an inverse relationship among composite score of socioeconomic background parameters and sleep problems.

Conclusion: Study has shown that there is a strong positive relation between child socioeconomic status and health condition of children.

Keywords: evidence-based practice; low birth weight; socioeconomic status; socioeconomic background; world health organization

Introduction

It is not enough to prepare our children for the world; we must also prepare the world for our children; Louis J Rodriguez Children are not small adults and childhood is more than just the periods before a person is considered to be an adult. Ensuring that every child who is born grows up to fulfill his/her potential is the responsibility of the adults who take care of the child.[1] According to the WHO, health is the state of complete physical, social, and mental well-being and not merely the absence of any disease or any kind of infirmity. One can encourage health by promoting healthy activities such as proper diet, exercise, adequate sleep, and stress management.Health is not a simply condition of being well or being unwell, rather it is multifaceted concept.[2]A child is the future of a family, a community, a nation, and of the world. Each family, each community, each nation, and the whole world have a responsibility to give each child safe and healthy surroundings.[3] As the African proverbs goes, it takes a village to raise a child, various determinants, both proximal and distal, impact child health in myriad ways. Parents, siblings, relatives, peers, and others shape the development of a child in ways more than one can imagine. Being a vulnerable section of the community, they are often at risk of abuse, neglect, and exploitation, which affects their physical, mental, and social development. A health indicator is a summary measure to assess the status of a certain health-related characteristic at the population level. These indicators should be valid, reliable, and specific so as to give meaningful results. They can be used to track the changes in health status over the course of time and also to measure the effectiveness of the interventions.[3]Conventionally, child health indicators have been limited to measuring deaths and diseases only, but understanding about children's health in the community will be incomplete without having any idea about other dimensions of child health.[4]Over the past 2 decades, the indicators of child health are slowly improving in most developing countries of South Asia, including India. In absolute terms, the total number of death of children under 5 years in India has reduced from 2.5 million in 2001 to 1.5 million in 2012 or a reduction by 40%.[3]

Health outcome parameters	Mean	β (95 % CI)	*P*-value
BMI	17.25	0.03	*P*<0.33
		CI (−0.03–0.09)	
Behavioral difficulty	11.12	−0.42	*P*<0.001
		CI (−0.50–−0.33)	
Sleep problems	18.42	−0.67	*P*<0.001
		CI (−0.76–0.57)	

Table 1: Association of child socioeconomic background (composition score of SEB) with health condition.

Causes of child death in India

•Under 5 deaths

•Infants and neonatal deaths.

Determinants of child health

• Maternal

•Age of mother at the time of birth

•Birth order• Mothers' education.

• Socioeconomic•Gender discrimination

• Socioeconomic status

• Socially disadvantaged group.

• Environmental• Health programs

• Traditional practices

• Potentially harmful practices

• Potentially beneficial practices [5]

Little is known about life in pre-historic times, but child care is believed to have been similar to that among cultural groups living today in areas hardly touched by civilization. The concept of the importance of the child to society gradually emerged as each group settled on an area of fertile land. Instead of being a liability, the child slowly became an asset to society. The speed of modern transport and the exploding world population are bringing the people of the world closer together than ever before. Health problems that were once the concern of only a small segment of the population now potentially threaten the whole world.[6] Through the international activities of the World Health Organization (WHO), the United Nations Children's Fund, and the other groups, assistance is being provided to developing countries in their efforts to improve their level of child care. The health of the children is of vital importance in all societies as the children are future citizens. The concept of health and illness is ever-changing. Health is said to exist when an individual can meet the physical, physiological, intellectual, psychological, and social requirements appropriate for his age, sex, and level of growth and development. The WHO defines health as a state of complete mental, physical, and social well-being, and the holistic view of health is being widely accepted and practiced. It implies a philosophy, believing in an integration and harmonious balance of body, mind, and spirit. Any disturbance in the equilibrium results in disease, or illness, or disability. Illness of child affects the family as a unit as child is an important part of the family and also since the child is dependent on the adults, as the child needs help for meeting his physical, physiological, and care needs from the family members. Thus, the illness of the child affects the whole family. In India, family system is very significant, most of the people in rural areas are still living in the joint family system; however, increasing urbanization is giving rise to nuclear families in the cities. Approximately one-fourth of the total population of our country is represented by children, and thus, their health issues are a cause of concern for the health-care professionals.[7]

Research objectives

1. To explore the various determinants of child health care in South Mumbai area

2.To identify the traditional and modern child health-care practices in South Mumbai area

3.To assess the child, socioeconomic background (SEB), based on parent's education, occupation, and family income

4. To assess the health condition of children in South Mumbai area

5. To find the association between child SEB and health conditions in south Mumbai area

6.To find the association among selected demographic variables and parameters of child health condition

Hypothesis

• H1: There will be a significant association between child SEB and health conditions in south Mumbai area.

• H2: There will be a significant association of the parameters of child health condition with selected demographic variables.research MethodologyResearch approachQuantitative research approach.

Research design

The present study was used cross-sectional research design.

Setting

The present study was conducted in selected hospital of South Mumbai.

Population

The population for this study was children admitted in pediatric ward.

Sample

In the present study, childrens who met the inclusion criteria were selected as samples.

Sample size

The sample size for the present study is 40.

Sampling technique

Probability simple random technique is used for the present study.Sampling criteriaInclusion criteria: Adolescent girls1. Age group will be school age children (6–12 years)2. Who can understand Hindi.3. Who are willing to participate in study.Exclusion criteria: Adolescent girls• Who are not available during the time of data collection.• Who are not willing to participate in this study.Selection and development of the study toolThe tool is the vehicle that could obtain data pertinent to the study and at the same time, adds to the body of general knowledge in the discipline. Data collection tools were used by the researcher structured interviews and Likert scale.[8,9]Selection and development of the tool were done based on the objectives of the study. The developed tool was refined and valid by the subject experts and guide.Data collection procedureThe data collection was carried out for 4 weeks. Permission was obtained from the MGM Hospital Mumbai. The investigator administered the tool after introducing and explaining the purpose of the study. On the 1st day, the structured knowledge questionnaire and interview were conducted for childrens admitted in pediatric ward. In proposed study, the quantitative data were encoded, organized, and analyzed using descriptive as well as inferential statistics according to objectives of research.[10,11]

Results

Association among child sociodemographic background and health outcome using simple linear regression

For parameter, "body mass index (BMI)," the beta value is (0.13), it means when we increase value of independent variable (parents education) by 1, the value of dependent variable (BMI) will increased by 0.13. It shows that there is very weak positive relationship among dependent and independent variables.For parameter, "behavioral difficulty," the beta value is −1.46, it means when we increase independent variable (parents education) by 1, the value of dependent variable (behavioral difficulty) will decrease by 1.46, and hence, there is strong inverse relation among dependent and independent variables.For parameter, "sleep problem," the beta value is −2.37, it means when we increase independent variable (parents education) by 1, the value of dependent variable (sleep problem) will decrease by 2.37 and it shows that there is strong inverse relation among parents education and sleep problem.For parameter, "BMI," the beta value is 0.03, it means when we increase value of independent variable (child SEB) by 1, the value of dependent variable (BMI) will increase by 0.03, and there is very poor positive relation among BMI and composite score of socioeconomic background parameters. For parameter, "behavioral difficulty," the beta value is −0.42, it means when we increase independent variable (child SEB) by 1, the value of dependent variable (behavioral difficulty) will decrease by 0.42. It indicated that there is inverse relation among behavioral difficulties and composite score of socioeconomic background parameters.
For parameter, "sleep problem," the beta value is −0.67, it means when we increase independent variable (child SEB) on X axis by 1, the value of dependent variable (sleep problem) on Y axis will decrease by 0.67 and that's why there is inverse relationship among composite score of socioeconomic background parameters and sleep problems.For parameter, "BMI," the beta value is 0.03, it means when we increase value of independent variable (child SEB) by 1, the value of dependent variable (BMI) will increase by 0.03 and there is very poor positive relation among BMI and composite score of socioeconomic background parameters.For parameter, "behavioral difficulty," the beta value is −0.42, it means when we increase independent variable (child SEB) by 1, the value of dependent variable (behavioral difficulty) will decrease by 0.42. It indicated that there is inverse relation among behavioral difficulties and composite score of socioeconomic background parameters.For parameter, "sleep problem," the beta value is −0.67, it means when we increase independent variable (child SEB) on X axis by 1, the value of dependent variable (sleep problem) on Y axis will decrease by 0.67 and that's why there is inverse relationship among composite score of socioeconomic background parameters and sleep problems Table 1.

Discussion

Review on the role of socioeconomic status (SES) in child health and development was done on associations between SES and different parameters of physical and psychological health, on interventions and possible resilience factors. Several cross-sectional and longitudinal studies demonstrate social disparities in child behavior and health. Researcher underlines the detrimental effects of low SES on child development. Some studies also highlight the potentially adverse effects of early diseases or vulnerabilities on later career and social position. Whereas most studies applied parent-based measures of SES, some studies emphasize the significance of child-based (e.g. perceived social position) and area-level indicators of SES (e.g. area deprivation). With respect to intervention, study findings suggest positive effects of programs aiming to improve specific neighborhood characteristics and psychosocial functioning of individuals. The relation between SES and health is bidirectional and stable, and the effects of interventions aiming at changing behaviors of children and families with low SES are small. There is a need for further center-based and area-level interventions and studies evaluating the effects of these interventions.[12]SES in Pediatric Health Research, study was conducted with objective of scoping review of the literature to describe current conceptualization and measurement of SES in pediatric health research. Researcher used four databases to identify relevant studies, followed by selection and data extraction. Inclusion criteria for studies were the following: Enrolled subjects <18 years old, included a health-related outcome, published from 1999 to 2018, and explicitly measured SES. Researcher identified 1768 publications and 1627 unique records. After screening for duplication and relevance, 228 studies satisfied the inclusion criteria, with 75% (n = 170) published since 2009. There were 52 unique singular measures and an additional 20 composite measures. Income-related measures were used in 65% of studies (n = 147) and measures of education in 42% (n = 95). The majority of studies using census-derived variables or insurance status was conducted within the previous 10 years.[13]

Conclusion

Composition score of child SEB has shown positive relation with BMI of children. Moreover, there was strong negative relationship found among sleep problems in children and behavioral difficulties in children with composite score of child SEB. It indicates that null hypothesis is rejected and alternative hypothesis is accepted.

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Conflict of interest

There will be no conflict of interest.

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