

ORIGINAL ARTICLE

MALNOURISHED CHILDREN (A Study of Parents' Status)

by

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Abstract

A retrospective study had been done on the parents of hospitalized malnourished children from January 1981 until December 1982 at the Department of Child Health Dr. Pirngadi Hospital, Medan, Indonesia, as to their occupation, educational level, family size and the subsequential number of the affected child in the families. Diagnosis of malnutrition was based on the inadequate body weight according to age.

There were 759 malnourished children, with peak incidence in the age group of 1 - 5 years (49.94%) followed by the age group of 0 - 1 years (37.94%). The affected child was mostly the first child (21.62%) in a family with 2 children.

Most of the parents (50.32%) have no regular job. The educational level of the fathers and mothers were mostly elementary school, respectively 32.80% and 50.46%.

In conclusion, most of the parents had low education and unstable income.

Introduction

Malnutrition has emerged as a major health problem of the world today especially in the developing countries (WHO, 1974; 1977). Malnutrition is one of the leading causes of mortality and morbidity in childhood (Nelson, 1979). In many developing countries, more than 50% of all deaths occurred in children under the age of 5 years, malnutrition being the main underlying cause of this high child mortality. (Bengos, 1974; Cameron, 1983; WHO, 1977). Malnutrition may be due to improper or inadequate food intake or may result from inadequate absorption of food. The synergistic relationship between undernutrition and infection generates a vicious cycle leading to accelerating deterioration of health, which is part of the "poverty

syndrome", currently afflicting many parts of the world.

The poverty syndrome is characterized by low income, low educational level, poor sanitary condition, diminished food intake, repeated episodes of infectious diseases, too many children, births too closely spaced, family instability, low parental attention, low social status in the community, and so on (Ramalingswani, 1975; WHO, 1977).

The purpose of this study is to find out the occupational status and the educational level of the parents of the hospitalized malnourished children in Child Health Department, School of Medicine University of North Sumatera; also the family size and the subsequential number of the affected child in the families.

Material and Method

This is a retrospective study. Medical records of patients who were hospitalized in the Child Health Department, School of Medicine University of North Sumatera, Medan, Indonesia were collected during 2 years, that is through January 1981 to December 1982. Cases with the diagnosis of malnutrition were analysed.

The age, sex, body weight and subsequential number of these children were tabulated. The occupation and educational level of their parents were also tabulated.

Diagnosis of malnutrition was based on the inadequate body weight according to age.

Result

Seven hundred and fifty nine children out of 4690 children who were hospitalized from January 1981 to Desember 1982,

suffered from malnutrition. Table 1 shows the age distribution of these cases.

TABLE 1 : Age distribution of children suffering from malnutrition

Age (year)	No. of cases	%
0-1	288	37.94
> 1-2	221	29.12
> 2-3	83	10.94
> 3-4	37	4.87
> 4-5	38	5.01
>5	92	12.12
Total	759	100.00

One hundred and sixty four children as the first child and 18.05% as the second (21.61%) out of the 759 cases were recorded child, etc. (Table 2).

TABLE 2 : Subsequential number of the affected Child

Subsequential number	No. of cases	%
1st	164	21.61
2nd	137	18.05
3rd	120	15.81
4th	101	13.30
5th	87	11.46
6th	56	7.38
7th	45	5.93
8th	25	3.29
9th	11	1.45
10th	5	0.66
11th	4	0.53
12th	3	0.40
13th	1	0.13
Total	759	100.00

We found that the affected child were mostly (48.22%) in a family with 2 to 4 children (Table 3).

TABLE 3 : Family size

No. of children in family	No. of cases	%
1	119	15.69
2	130	17.13
3	120	15.81
4	116	15.28
5	98	12.91
6	62	8.17
7	53	6.98
8	28	3.69
9	17	2.24
10	6	0.79
11	6	0.79
12	3	0.40
13	1	0.13
Total	759	100.00

Most of the parents' educational status was elementary school, 32.80% for the father and 50.46% for the mother (Table 4).

TABLE 4 : Educational status of parents

Educational status	Father	%	Mother	%
Illiterate	4	0.52	16	2.08
Elementary School	249	32.80	383	50.46
Secondary School	209	27.53	160	21.08
High School	199	26.22	137	18.05
Academy/University	39	5.13	9	1.18
?	59	7.77	54	7.11
Total	759	100.00	759	100.00

About a half (50.32%) of the parents have unstable or unspecified jobs (Table 5) and in 19.50% both of the parents have a job. Percentages of father only and mother only having a job were 78.92% and 1.32% respectively.

TABLE 5 : Occupational status of parents

Occupation	Total	%
Government Official	176	23.19
Pensioner	8	1.06
Army	12	1.58
Peasant	64	8.43
Salesman	104	13.79
Unspecified	382	50.32
+	9	1.18
?	4	0.53

Discussion

Since January 1981 until December 1982 there were 759 malnourished children among 4690 hospitalized children. According to the age distribution we found that 49.94% were in the age group of 1 - 5 years and 37.94% in the age group of 0 - 1 year (Table 1). Sitepu et al. (1981) found that 40.07% were in the age group of 0 - 1 year and 47.15% in the age group of 1 - 3 year. Nelson (1979) reported that malnutrition commonly occurs in children from 4 months to 5 years of age. It even may start before birth, often because of an inadequate intake of nutrients by the expectant mother (Ramalingswani, 1975; WHO, 1974).

One hundred and sixty four (21.61%) of the affected children were the first child (Table 2). This may be due to the low knowledge or low experience and low attention of the parent to take care of their first child.

Nearly a half (48.22%) of the malnourished children occurs in a family with 2 to 4 children (Table 3). Whereas, Morley (1973) said that malnutrition mostly occurs in children with the higher serial number in their families; in Nigeria the seventh or more child and in Bombay the number of children of 5 or more is "at risk".

About a half (50.46%) of the mother's educational level were elementary school and 2.08% were illiterate, whereas most of the father's educational level were also elementary school. Some of the parents had higher educational level namely academy or university (Table 4).

Most of the parents (50.32%) have no regular job and an unstable income (Table 5) beside that in 19.50% both of the parents had a job. So, they could not supply food for their children to the necessity and they

had not enough time to pay attention and take care of their children. We know that from birth until the third year a child is completely dependent on maternal care. The mother, therefore, being the key person in the family, must be endowed with the most elementary but practical knowledge of how and what to feed her child within the framework of the limited food supply available to the family. Paradoxically, sl-

though belonging to a much lower income stratum, they have often succeeded in rearing their children better than those mothers from a relatively higher income group. The reason for this must apparently be found in their skill leading not only to the successful management of the limited budget but also to a better distribution of the available food among the family member (Lie, 1977).

Conclusion

1. The majority of parents have no regular job and an unstable income.
2. The educational level of parents were mostly elementary school.
3. The affected child were in 21.61% the first child coming from families with 2 to 4 children.

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