

Associated Factors of Underweight Status of Children in Wolkite Health Care Center

Research Article

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Abstract

Back ground: Underweight is nutritional status indicator of malnutrition (either acute or chronic malnutrition) based on the principle that child as on expected weight for his or her age. The purpose of this study is to investigate disease that affects underweight status of children.

Methods:The total population of this research was 2650children's of under-five years old in Wolkite town. The study was conducted by using simple random sampling and the total sample size selected was 182 out of the total population. The research was conducted by using secondary data as a source. Which is from statistical document of Wolkite town health center? The data were analyzed by statistical software packages such as SPSS and using these packages descriptive, inferential statistics and binary logistic regression were analyzed.

Result: From the chi-square test, we found that children weight status is significantly associated with diarrhea, pneumonia, respiratory disease, skin infection disease and malaria. From logistic regression model result, children's caught by diarrhea (OR=0.017), children's caught by pneumonia (OR=0.131), children's caught by respiratory disease (OR=0.118), children's caught by skin infection (OR=0.100) and children's caught by malaria (OR=0.122) are significantly contributed to children weight status.

Conclusion: The findings of this study show that the major diseases that affect underweight status of children were diarrhea, pneumonia, respiratory disease, skin infection disease and malaria. We recommended that the health office of Wolkite town to increase the number of clinics which is used to assets the children disease.

Keywords: Children weight status; Chi-square; Logistic regression

Introduction

Underweight (Weight -for –age) is nutritional status indicator of malnutrition (either acute or chronic malnutrition) based on the principle that child as on expected weight for his or her age. And also defined as a well-established child health indicator of chronic malnutrition related to environmental and socioeconomic circumstances [1]. Underweight can be a sign of malnutrition, and can result from poverty and inability to access nutritious food. Children who are malnourished are deprived of essential vitamins, minerals and nutrients that are required for proper early childhood and adolescent cognitive and psychosocial-behavioral development.

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Underweight among children remains common in many parts of the world, particularly in developing countries[2]. Globally, the proportion of children under five years old who were underweight declined by 11 percentage points between 1990 and 2015, from 25% to 14%. While Africa has experience the smallest relative decrease, with underweight prevalence of 16% in 2015 down from 23% in 1990, in Asia for the same period it reduced from 32% to 17% and in Latin America and the Caribbean from 8% to 3%.It is the underlying cause of deaths among children under 5 years of age [1,2]. The prevalence of worldwide underweight in children less than 5 years of age was 15.1%. In south East Asia, the prevalence rate of underweight was estimated to be at around 26.6% [2]. It is one of the most serious health and welfare problems among infants and young children. In the developing countries, around 230 million children under the age of five years are chronically malnourished or underweight and responsible for more than half of the child deaths. In Ethiopia, thirty-eight percent of children fewer than five years are underweight for their age, [3-4]. This is 19 times the level expected in a healthy, well-nourished population. Underweight status is indicative of children who suffer from chronic or acute malnutrition or both, and may be influenced by both short- and long-term determinants of malnutrition[5]. Underweight is often used as a general indicator of a population's health status. The prevalence of underweight children under five years of age is defined as the percentage of children aged 0–59 months, whose weights are less than two standard deviations below the median weight for age groups in the international reference population(An underweight child has a weight-for-age Z-score that is -2 SD below[2]. This condition can result from either chronic or acute malnutrition, or a combination of both.

Ethiopia is the second-most populous country in Africa that inhabits more than 100 million people and of these; around 14% of them were children under five years of age [3-5]. These children and their mothers were suffering disproportionately from poor health and nutrition in the country situation analysis for transform nutrition of Ethiopia [6]. In 2011, 28.7 % of children under the age of five year were underweight. Similarly, 51 % of all causes of death in under five-year children were associated with malnutrition central [6]. In Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia 28.6 of under five children were underweight [6,7]. From this Wolkite is one of zonal town in Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia. The main purpose of this study is to identify the associated factors that affect underweight status of children in the case of in Wolkite town health center by using data that is measured on under five children weight for their age in Wolkite town health center.

Method

The study conducted in Wolkite town which is found in southwestern Ethiopia and is the administrative center of Gurage zone for the southern nation nationality and peoples of Ethiopia (SNNPE) region. The target populations of this study are those children of aged 0-4years old who were admitted Wolkite town health center in 2018.

The study was conducted by using secondary data as a source of documented data from Wolkite town health center.

Variables in the study

Dependent variable.

| Variable | Category | | |
|------------------------|-------------------------------|--|--|
| Children weight status | 0=if the child is normal | | |
| | 1=if the child is underweight | | |

Independent variables.

| Variable | Category | | |
|-----------------------------|-----------|--|--|
| Sick of diambea | 0=absent | | |
| Sick of diamea | 1=present | | |
| Sick of respiratory disease | 0=absent | | |
| | 1=present | | |
| Sick of malaria | 0=absent | | |
| | 1=present | | |
| Skin infection | 0=absent | | |
| | 1=present | | |
| Sick of pneumonia | 0=absent | | |
| • | 1=present | | |
| Eye disease | 0=absent | | |
| | 1=present | | |
| Ear disease | 0=absent | | |
| | 1=present | | |
| Child sex | 1=male | | |
| | 2=female | | |

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Method of data analysis

Descriptive statistics like bar chart and tables were used and from the inferential statistics, the study employed chisquare test of independence and logistic regression model.

Binary logistic regressions model was used to perform logistic regression on a binary response variable. A binary variable has only two possible values, such as presence or absence of a particular event. Models with one or more predictors we fitted using an iterative-reweighed least squares algorithm to obtain maximum likelihood estimates of the parameters. The model with binary response variable in this study was Children weight status 1=if the child is underweight and 0=if the child is normal.

The ratio of probability success to probability of failure is p/1-p is odd.

π(x)

 $\frac{\pi(m)}{1-\pi(x)} = \exp \left(\beta_1 + \beta_2 X_1 + \beta_2 X_2 + \dots + \beta_k X_k\right) \text{ means that } \exp(\beta_j) \text{ where } (j=1, 2 \dots k) \text{ is a factor by which the odds of occurrence of success change by a unit increase in the } j^{\text{th}} \text{ independent variable. If we take the natural logarithm of odd ratio obtain estimated model given by [8,9]}$

 $Logit(\pi(x)) = Logit(p(y=1)) = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots$ $\dots + \beta_k X_k$

Results

The descriptive statistics analysis of this study was summaries as follow. Figure (1) displays, from total population 55% of children had normal weight status and the remaining 45% children hadfaced a problem of underweight.



Figure 1: Children weight status

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Table 1 revealed children weight status by gender: male children's 60.8 % normal weight status and the remaining 39.2 % underweight whereas out of 85 female children's 48.2 % normal and 51.8 % underweight status. This indicates that most of male students have problem of underweight than of female'schildren. Children caught by diarrhea, 20.7 % of them normal. Whereas, 79.3 % underweight and 86.3 % of them normal weight status as well as not caught by diarrhea.children caught by respiratory disease, 33.3 % normal weight status. Whereas, 66.7 % is underweight status. Children affected by malaria 32.6 % normal and 67.4 % underweight status.

There were 113 children's free from pneumonia, 77% of them are normal. Whereas,23 % of children are underweight. And 69 children are caught by pneumonia, 18.8 % of them are normal. Whereas, 81.2 % are underweight.

Chi-square test of independence shows factors consider in this study, diarrhea, pneumonia, respiratory disease, skin infection, and malaria are significantly associated factors with children weight status at 5% significant level.

Table 2 displays odds of children weight status for children that affected by diarrhea were 60.244 times more likely than children not affected by diarrhea. That means children's that affected by diarrhea were more underweight than children don't have diarrhea based on this study by keeping the effect of another variable constant.Odds of children weight status for children that affected by pneumonia were 7.655times more likely than children not affected by pneumonia by keeping the effect of another variable constant.

Odds of children weight status for children that affected by respiratory disease were 8.472 times more likely than children not affected by respiratory disease keeping the effect of another variable constant. Odds of children weight status for children that affected by skin infection disease were 10.025 times more likely than children not affected by skin infection disease by keeping the effect of another variable constant.

Odds of children weight status for children that affected by malaria disease were 8.222 times more likely than children not affected by malaria disease. That means children's that affected by malaria disease were more underweight than childrendon't have malaria disease based on this study by keeping the effect of another variable constant.

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| | | Weight | status | Chi-square | | |
|-----------------------------|------------------|-------------|----------|----------------|--|--|
| Veriebles | Catagory | | | Total | | |
| variables | Category | Underweight | Normal | p-value | | |
| | Male | 38(39.2) | 59(60.8) | 97(100) 0.089 | | |
| Sex of children | Female | 44(51.8) | 41(48.2) | 85(100) | | |
| | Present | 69(79.3) | 18(20.7) | 87(100) <0.000 | | |
| Sick of diarrhea | Absent | 13(13.7) | 82(86.3) | 95(100) | | |
| | Present | 62(66.7) | 31(33.3) | 93(100) <0.000 | | |
| Sick of respiratory disease | Absent | 20(22.5) | 69(77.5) | 89(100) | | |
| | Present | 60(67.4) | 29(32.6) | 89(100) <0.000 | | |
| Sick of malaria | Absent | 22(23.7) | 71(76.3) | 93(100) | | |
| | Present | 58(66.7) | 29(33.3) | 87(100) <0.000 | | |
| Skin infection | Absent | 24(25.3) | 71(74.7) | 95(100) | | |
| Siek of proumonia | Present 56(81.2) | | 13(18.8) | 69(100) <0.000 | | |
| Sick of pheumonia | Absent | 26(23) | 87(77) | 113(100) | | |
| | Present | 37(47.4) | 41(52.6) | 78(100) | | |
| Eye disease | Absent | 45(43.3) | 59(56.7) | 104(100) 0.576 | | |
| | Present | 38(45.2) | 46(54.8) | 84(100) | | |
| Ear disease | Absent | 44(44.9) | 54(55.1) | 98(100) 0.002 | | |

| | _ | 0.5 | | | <u>.</u> | Exp (B) | 95% C.I. for EXP(B) | |
|-------------------------|--------|-------|--------|----|----------|---------|---------------------|---------|
| | В | S.E. | Wald | at | Sig. | | Lower | Upper |
| Sick of Diarrhea (1) | 4.098 | .738 | 30.821 | 1 | .000 | 60.244 | 14.175 | 256.030 |
| Pneumonia (1) | 2.035 | .595 | 11.687 | 1 | .001 | 7.655 | 2.383 | 24.587 |
| Malaria (1) | 2.107 | .633 | 11.094 | 1 | .001 | 8.222 | 2.380 | 28.405 |
| Skin Infection (1) | 2.305 | .627 | 13.499 | 1 | .000 | 10.025 | 2.931 | 34.285 |
| Respiratory disease (1) | 2.137 | .629 | 11.557 | 1 | .001 | 8.472 | 2.471 | 29.039 |
| Constant | -6.483 | 1.089 | 35.453 | 1 | .000 | .002 | | |

Discussion

This study attempted to investigate the factors that affect underweight status of children in Wolkite town health care center. Accordingly,a total of 182 children were include in this study the descriptive analysis of the study revealed that 45 % of the sample children are underweight and 55% of childrenwere normal. Children health status –under weighting as show in the descriptive analysis from the table

Citation: Biru MD and Mena TT. Associated Factors of Underweight Status of Children in Wolkite Health Care Center. ES J Public Health. 2020; 1(2): 1009. 1 of underweight male children are somewhat affected by under weighting than female children. From chi-square test of independence shows that from the risk disease consider in this study, diarrhea, pneumonia, respiratory disease, skin infection, and malaria are significantly associated with children weight status with significant level. And finally, from inferential statistics we concluded that children's expose to underweight because of diarrhea, pneumonia, respiratory disease, skin infection, and malaria that is analyzed by using binary logistic regression.

In this research based on the above binary logistic regression output; diarrhea, pneumonia, respiratory disease, skin infections and malaria are disease that affect underweight status of children job satisfaction, but other variables are not related.

The study result wassupported by different literature reviewsthat showed diarrhea, malaria, skin infections, respiratory disease, helminthiasis, pneumonia, vomiting, etc. are risk disease for underweight of under five years old children [10-14].

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