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Impact of socioeconomic status on health of college going girls

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Abstract

The “social incline of health” states to the precipitous inverse associations between socioeconomic position and the risk of premature mortality and morbidity. In many societies, due to cultural and structural factors, women and girls have reduced access to the socioeconomic resources that ensure good health and wellbeing when compared with their male counterparts. Socioeconomic status (SES) encompasses not just income but also educational attainment, financial security, and subjective perceptions of social status and social class. Socioeconomic status can encompass quality of life attributes as well as the opportunities and privileges afforded to people within society. Poverty, specifically, is not a single factor but rather is characterized by multiple physical and psychosocial stressors. Further, SES is a consistent and reliable predictor of a vast array of outcomes across the life span, including physical and psychological health. Thus, SES is relevant to all realms of behavioral and social science, including research, practice, education and advocacy. Absence of sustenance information might add to unfortunate dietary practices. Schools and universities are an optimal climate to resolve this issue and to begin the process of sustenance education. Therefore, teachers ought to be outfitted with satisfactory nourishment knowledge. This review was intended to assess the degree of general sustenance information and segment varieties in information in an example of understudies going to the Schools. A cross-sectional review was led utilizing a modified and approved updated variant of the Overall Nourishment Information Survey for school going young ladies. Univariate and multivariate examinations were performed to decide the relationship between different variables and sustenance information score.

Keywords: socio economic status, health, behaviour

Introduction

Youths comprise one-fifth of the absolute populace, and India has the biggest public populace of teenagers (25%) which is 21.0% of the complete populace of India. Youths which is characterized as age somewhere in the range of 10 and 19 years old is portrayed by a quick period of development and improvement during which the prerequisite of sustenance and micronutrients is moderately high. Hunger in this age gathering can be because of different factors like the continuation of life as a youngster lack of healthy sustenance, food weakness in families, or flawed dietary propensities and food trends. Immaturity is described by a few mental changes and development of their own personality which impact their dietary habits that can be in either way. In spite of the fact that there is a diminishing pattern in the commonness of under sustenance among the late juvenile gathering, the ongoing predominance of under nourishment is still extremely high (41.9%). Moreover, the pervasiveness of frailty is extremely high (>60%) among this age bunch. Young ladies are at a lot higher gamble of hunger and related persistent sickness because of their regenerative qualities and other sociocultural issues like carelessness toward young lady kid in the family, early relationships, and high schooler pregnancy. Avoiding the everyday dinners which prompts under nourishment, and simultaneously, devouring low quality food and cheap food which prompts overweight, is extremely normal among youths uncovering the twofold edge of the issue. Adolescents with great sustenance information are bound to follow good dieting propensities. Thusly, it is vital to teach them about nourishment and clear up for them the significance of eating a fair eating regimen.

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Nutrition education has been a promising solution to improve dietary habits. Previously also, it has been noted that the lack of knowledge of dietary requirements and nutritive value of various food groups is the main contributor to malnutrition in developing countries like India. [shah *et al.* 2010] Adolescence is a time period from where the individual starts taking care of themselves almost independently. There is a higher chance for the adolescent to start wrong eating habits in their life. [taneja *et al.* 2012] Although this age group is vulnerable to various ill habits, at the same time, it is an age of opportunity. Spreading awareness by nutrition education interventions during these formative years is likely to have positive effects on their current health. This positive benefit will continue into adulthood as healthy preferences for themselves as well as their future families. Nutrition education in this age group has significantly improved nutrition-related behaviour and even their academic performance. Despite various programs and initiatives taken by the Government of India to tackle the problem of malnutrition in the country, involving the adolescent age group, like SABLA, Mid-day Meal Program, ICDS nutrition-related problems still continue to be a major public health problem. Very less importance is given to nutrition education in our existing health programs, and also, there is poor implementation of the nutrition education component of the existing programs. [Wang D *et al.* 2015] There are very few studies conducted, especially in India to see the effect of health education on knowledge related to nutrition. Therefore, this study was planned to see if a simple flipchart containing basic messages about food groups (proteins, carbohydrates, fat, and minerals) and a balanced diet can show some improvement in the pretest scores (Banerjee AV *et al.* 2007). This study is especially relevant to the particular social class (lower and lower middle) from which the participants were as, these children are vulnerable to malnutrition due to unavailability of food, adding to it is the lack of knowledge about good food choices and the propaganda about junk food and other unhealthy food choices in media, social media, movies, etc.

SES affects overall human functioning, including our physical and mental health. Low SES and its correlates, such as lower educational achievement, poverty and poor health, ultimately affect our society. Inequities in health distribution, resource distribution and quality of life are increasing in the United States and globally. Society benefits from an increased focus on the foundations of socioeconomic inequities and efforts to reduce the deep gaps in socioeconomic status in the United States and abroad.

Review of Literature

Socioeconomic status and nutritional status of adolescent

Varsha and Rohini (2007) [11] investigated and noted the influence of education and occupational status of parents on anthropometric measurements of adolescent girls. Height of adolescent girls; 13 to 15 and 16 to 18 years age groups found to be significantly lower and also revealed a deficit of 3-10 per cent and 7-8 per cent respectively; when compared with NCHS standards. Findings revealed that 17 to 59 per cent adolescent girls were normal, while remaining were suffering with one or the other degree of under nutrition. Majority of the 13-15 years adolescent girls were suffering with moderate and severe under nutrition. As adolescent girls income improved their severe under nutrition decreased from 30.9 per cent to 10.00 per cent. Adolescent girl's whose fathers were illiterate suffering with severe under nutrition. This

percentage decreased on their fathers education increased. The percentage of adolescent girls with normal nutritional status increased from 10.34 to 41.18 per cent. and per cent of severely under nourished decreased from 34.48 to 5.88 per cent with improvement in educational status of mothers. Majority of the adolescent girls have normal nutritional status who were having just housewife mothers. The adolescent girls were suffering with severe under nutrition; when their mothers were working as labourer.

Seema (2008) [8] examined and noted that mean intake of energy, protein, fat, calcium, vitamin D; and milk and milk products was significantly higher in upper socio-economic status than the low socio-economic status adolescent girls. Conversely, carbohydrates, fibre, phytates and cereals intakes were higher in low socio-economic status adolescent girls than the upper socio-economic status girls. Clinical vitamin D deficiency in adolescent girls is a prevalence of biochemical hypovitaminosis C (Serum 25-hydroxy vitamin D < 50 nmol/l) and was seen in 90.80 per cent of adolescent girls. Physical activity and time for spent outdoor activities was significantly higher in low socio-economic status adolescent girls. Significant correlation was found between 25-hydroxyvitamin D estimated sun exposure and percentage body surface area exposed to sun. These factors contributed significantly to the vitamin D status of the apparently healthy adolescent school girls.

Anyika (2009) [1] studied the effect of family size of the adolescent girls on their body weight in Abia state, Nigeria. He administered a structured questionnaire designed to collect information on socio-economic status of adolescent girls; and determined interrelationship between family size of adolescent girls and their body weight. He found that family size had negative but significant association with body weight.

Lena *et al.* (2012) studied and observed that adolescent girls from families with low socio-economic status were more likely to consume low nutritional quality breakfast. The majority of the adolescent girls consumed a breakfast that scored poorly on the breakfast quality index.

Lopez *et al.* (2012) [6] studied and found that the beginning of the nutritional transition of adolescent girls is closely linked to their social-economic transformation. Adolescent girls whose fathers have a low educational level have lower height for age and BMI for age (Z-scores) than those whose fathers have a high educational level. No significant difference was observed in total daily energy intake depending on father's educational level, but the energy provided by lipids was higher in adolescent girls whose fathers have a high educational background.

Doku *et al.* (2013) [3] investigated the relationship of socio-economic difference and breakfast eating, fruits and vegetables consumption; and physical activity among Ghanaian adolescent girls younger adolescent girls consumed fruits and vegetables frequently compared with older ones. The probability of frequent breakfast eating was higher in adolescent girls from high socio-economic background. Tertiary and primary ternal educational attainment increased the probability of frequent fruit intake and increased the likelihood of frequent vegetable intake. Compared with those mothers with unemployment, and mothers' employment grade was related to higher probability of frequent fruit intake.

individual's weight (kilogram) by the square of height (meters). After the computation of BMI, subjects were classified according to the norms given by Mahtab S.Bamji, N. Pralhad Rao, Vinodini Reddy (1998)

Result and Discussion

Research indicates that SES is a key factor in determining the quality of life for women; by extension, it strongly influences the lives of children and families. Inequities in wealth and quality of life for women are long-standing and exist both locally and globally. Behavioral and social science professionals possess the tools necessary to study and identify strategies that could alleviate these disparities at both the individual and societal level.

Above studies showed that low income can affect the overall health of the adolescents because in this stage the requirements of the nutrients become high. Due to insufficient diet adolescents suffer from many deficiency diseases and it may reduce the overall performances of the girls. College students are really in some zone of chaos in terms of healthy, functional, immunity boosted foods and also at risk of unhealthy junk food but still as young consumers they are somehow aware of healthy food, food labels and are also media followers. So proper guidelines and nutrition education programs can enhance and refine their knowledge, behavior and attitude towards wellness and defensive food consumption.

Conclusion

Evidence indicates that socioeconomic status affects overall well-being and quality of life for women.

- According to the U.S. Census Bureau (2015) [10], women's poverty rates were once again substantially above the poverty rates for men. More than 1 in 7 women (nearly 18.4 million) lived in poverty in 2014.
- In 2012, the poverty rate was 14.5 percent for women, compared to 11 percent for men (Entmacher, Robbins, Vogtman, & Frohlich, 2013) [5]. In all racial and ethnic groups, women experienced higher poverty rates than White, non-Hispanic men. Poverty rates for all groups of adult women were also higher than for their male counterparts (Eichner & Robbins, 2015).
- Eight out of 10 women have full custody of their children, and custodial mothers are twice as likely to have low SES as custodial fathers (Cawthorne, 2008) [2].
- Domestic and sexual violence against women can often lead to a cycle of poverty through job loss, poor health, and homelessness (Cawthorne, 2008) [2].
- In 2014, twice as many women aged 65 and older lived in poverty (over 3 million) compared to men (over 1.5 million) in the same age range (Eichner & Robbins, 2015).

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