Measuring and Managing protein energy malnutrition in rural communities – postscript

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In July 1983 we were able to analyse the relation between the different factors and acute malnutrition in more detail. Table III.4 and the p values do not indicate which factors contribute the most in the development of acute PEM. There was more acute malnutrition in the clinic in the resettlement areas, especially in the younger children. Is it due to the fact that the children are malnourished or if they are better immunised, possibly due to the fact that the children lack good care and the mother’s education plays an important role? The availability of resources is another factor. The age of the child at the time of admission is also an important factor. The child was more likely to be admitted to the under-five clinic if the child was better immunised.

The age of 24 up to 35 months is the most critical period for both boys and girls to develop acute malnutrition. Less acute malnutrition was found if the child was better immunised, the mother had a higher school education or when the family possessed more animals (especially cows). If the attendance to the under-five clinic was once a month or more often there was less acute malnutrition than expected for that age group. It is not sure why the possession of animals is such an important factor. When analysing the different types of animals, the cow was the most important one. So it may represent wealth as well as animal proteins (meat and milk).

Table III.4: Significant correlations between some factors and acute malnutrition.

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>♂</th>
<th>♀</th>
</tr>
</thead>
<tbody>
<tr>
<td>- number of persons (ph.h.)</td>
<td>0.025 &lt; p &lt; 0.25</td>
<td></td>
</tr>
<tr>
<td>- number of children (ph.h.)</td>
<td>0.025 &lt; p &lt; 0.02</td>
<td>0.025 &lt; p &lt; 0.05</td>
</tr>
<tr>
<td>- age of the child</td>
<td>0.001 &lt; p &lt; 0.005</td>
<td>0.025 &lt; p &lt; 0.05</td>
</tr>
<tr>
<td>- attending school by caretakers yes/no</td>
<td>0.01 &lt; p &lt; 0.025</td>
<td></td>
</tr>
<tr>
<td>- attending school by mother yes/no</td>
<td>0.005 &lt; p &lt; 0.01</td>
<td></td>
</tr>
<tr>
<td>- possession of land yes/no</td>
<td>0.001 &lt; p &lt; 0.005</td>
<td></td>
</tr>
<tr>
<td>- possession of cattle yes/no</td>
<td>0.001 &lt; p &lt; 0.005</td>
<td></td>
</tr>
<tr>
<td>- building material of house</td>
<td>0.025 &lt; p &lt; 0.05</td>
<td></td>
</tr>
<tr>
<td>- frequency of attending UFC</td>
<td>0.025 &lt; p &lt; 0.05</td>
<td></td>
</tr>
<tr>
<td>- BCG scar present yes/no</td>
<td>0.025 &lt; p &lt; 0.05</td>
<td></td>
</tr>
<tr>
<td>- foodscore ***</td>
<td>0.01 &lt; p &lt; 0.025</td>
<td></td>
</tr>
<tr>
<td>- source of water (borehole/well/tap)</td>
<td>0.001 &lt; p &lt; 0.005</td>
<td>p &lt; 0.001</td>
</tr>
<tr>
<td>- kind of village (trust/traditional/resettlement)</td>
<td>0.001 &lt; p &lt; 0.005</td>
<td></td>
</tr>
</tbody>
</table>

*** Foodscore reflects composition of diet

REFERENCES:
5. Bekkers M, van der Knaap, M. A Nutritional Survey in Gelukspan Community Hospital.
6. Brydone AM: Determination of the neonatal and infant mortality rate in the resettlements are not so well immunised or attend less frequently the child welfare clinic.

THE series of six articles entitled 'Measuring and Managing Protein Energy Malnutrition in rural communities' by Dr Martin Bac of Gelukspan Community Hospital is available in booklet form from SA Family Practice at R1.75 per copy. Please tear off the coupon and post to SA Family Practice, PO Box 40447, Arcadia 0007.

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