

**PERCEIVED INFLUENCE OF SOCIO-ECONOMIC STATUS ON PEDIATRIC  
HEALTH OUTCOME AMONG RESIDENTS OF EKOSODIN COMMUNITY, EDO  
STATE, NIGERIA**

**BY**

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UNIVERSITY OF BENIN  
BENIN CITY  
EDO STATE**

**FEBRUARY, 2025**

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**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF NURSING AND  
MIDWIFERY COUNCIL OF NIGERIA FOR THE AWARD OF BACHELOR'S  
DEGREE IN NURSING SCIENCE (BNSC)**

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## ABSTRACT

*The relationship between socioeconomic status (SES) and pediatric health outcomes represents a critical public health concern, particularly in developing nations. This study investigates the perceived association between SES and pediatric health conditions among residents of Ekosodin Community in Benin City, Edo State, Nigeria. Using a cross-sectional descriptive research design, data was collected from parents and guardians through structured questionnaires. The study found that a significant majority (78.7%) of respondents perceived a strong correlation between SES and pediatric health outcomes. Key findings revealed that limited access to healthcare services, poor nutritional status, and inadequate preventive care were more prevalent among children from lower socioeconomic backgrounds. Additionally, factors such as parental education level and living conditions were identified as significant determinants of children's health status. Only 2.5% of respondents had health insurance coverage, highlighting substantial barriers to healthcare access. The study recommends implementing targeted health education programs, community-based initiatives, and policy reforms to address these disparities. These findings contribute to the growing body of knowledge on SES-related health inequities and provide actionable insights for healthcare providers and policymakers working to improve pediatric health outcomes in resource-limited settings.*

**Keywords:** *socioeconomic status, pediatric health, healthcare access, Nigeria, health disparities*

**CERTIFICATION/APPROVAL**

This is to certify that this research project by **ENUMA BLESSING CHIMDINDU** with Matriculation Number: BMS1804319 has been examined and approved for the award of Bachelor of Nursing Science (B.N.Sc.) in the Department of Nursing Science, School of Basic Medical Sciences, University of Benin, Benin City.

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(Project supervisor)

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**DR. (MRS.) R. E. ESEWE**

(Head of Department)

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**Date**

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**EXTERNAL EXAMINER**

.....

**Date**

## **DECLARATION**

This is to declare that this research project titled **PERCEIVED INFLUENCE OF SOCIO-ECONOMIC STATUS ON PEDIATRIC HEALTH OUTCOME AMONG RESIDENTS OF EKOSODIN COMMUNITY, EDO STATE, NIGERIA** was carried out by **ENUMA BLESSING CHIMDINDU**. It is solely the result of my work except where acknowledged as being derived from other person (s) or resources.

**DEPARTMENT/SCHOOL: NURSING SCIENCE, SCHOOL OF BASIC MEDICAL SCIENCES, UNIVERSITY OF BENIN, BENIN CITY.**

**Signature: .....**

**Date: .....**

## **DEDICATION**

This work is dedicated to GOD ALMIGHTY who provided me with the strength to complete my academic journey.

## ACKNOWLEDGEMENT

To begin with I would like to appreciate the almighty God for his enduring grace, guidance and protection during the course of this research work. I would also like to express my profound gratitude to my esteemed supervisor in the person of Mrs. R. L. Lawal for her continuous support, patience, motivation and immense knowledge without which this project would not have been a success.

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background to the study

The relationship between socioeconomic status (SES) and pediatric health outcomes is a well-established area of concern, particularly in communities where economic hardship is prevalent. SES, which encompasses income, education level, and occupation, serves as a powerful predictor of health behaviors and outcomes across the lifespan. In Nigeria, where many rural and semi-rural dwellers face economic challenges, the implications of low SES on children's health are profound and multifaceted (Adesuyi, 2021). Health behaviors, including diet, physical activity, and substance use, are foundational to an individual's physical and mental health (Naveed, 2020). The adoption of healthy behaviors during childhood and adolescence is crucial, as these formative years set the stage for long-term well-being and quality of life. However, children and adolescents from low-SES backgrounds often face significant barriers to adopting these healthy behaviors (Vazquez, 2020). These barriers can include limited access to nutritious food, safe recreational spaces, and adequate healthcare, all of which are vital for maintaining good health (Vazquez, 2020).

Research has consistently shown that children and adolescents from low-SES families are more likely to engage in unhealthy behaviors such as smoking, alcohol consumption, physical inactivity, and poor dietary choices (Vazquez, 2020). These behaviors are not only risk factors for the development of chronic diseases like obesity, diabetes, and cardiovascular conditions but also contribute to a range of other adverse health outcomes (Vettore, 2020). The prevalence of these unhealthy behaviors among socioeconomically disadvantaged youth is significantly higher

than among their more affluent peers, highlighting the deep-rooted impact of SES on health (Bozzini, 2020). The disparities in health behaviors and outcomes linked to SES often begin in early childhood (Best, 2019). Children from low-SES families are less likely to have access to the resources necessary for their physical, cognitive, and socioemotional development (Ngandu, 2020). For instance, limited access to quality healthcare services can result in delayed diagnoses and inadequate treatment of health conditions, leading to poorer health outcomes (Snyder, 2019). Similarly, the lack of access to healthy foods and safe environments for physical activity can contribute to the development of obesity and other health issues (Zaçe, 2021).

Mental health is another critical area where the impact of SES is evident. Children and adolescents from low-SES backgrounds are two to three times more likely to experience mental health problems compared to their peers from higher SES families (Zaçe, 2021). Studies have shown a strong correlation between indicators of low SES—such as low household income, low parental education, and low occupational status—and an increased risk of mental health issues in children (Schüz et al., 2020). Among these factors, household income and parental education are particularly influential, with lower levels of each being associated with higher rates of mental health problems (Ellakany et al., 2021). Moreover, low SES is often accompanied by a higher burden of stress in various aspects of daily life (Zaçe, 2021). Families facing economic hardship are more likely to experience stressful life events, such as financial instability, job loss, and housing insecurity (Ngandu et al., 2020). These stressors can have a profound impact on the mental health of children and adolescents, leading to the development of anxiety, depression, and other mental health disorders (Bozzini et al., 2020). Research has shown that the frequency of stressful life events and the intensity of stress responses are closely linked to socioeconomic

position, further illustrating the connection between SES and health outcomes (Vazquez & Cubbin, 2020).

The influence of SES on pediatric health is not only direct but also indirect, through its impact on the family environment and the opportunities available to children (Zaçe, 2021). For example, parents with higher levels of education are more likely to provide a supportive and stimulating home environment, which is crucial for children's cognitive and emotional development (Gomes et al., 2020). In contrast, parents with lower education levels may lack the knowledge and resources to promote their children's health and well-being effectively (Kachmar et al., 2019). Given the complex and multifaceted nature of the relationship between SES and pediatric health, it is essential to examine this issue within the specific context of Ekosodin Community. Understanding how socioeconomic factors influence health behaviors and outcomes among children in this community can provide valuable insights for the development of targeted interventions and policies (Levesque et al., 2021). These interventions should aim to address the social determinants of health and promote healthy behaviors among vulnerable youth populations (de Buhr & Tannen, 2020).

By addressing the root causes of health disparities linked to SES, it is possible to break the intergenerational cycle of poor health and improve long-term outcomes for children and adolescents in Ekosodin Community. This study will contribute to the growing body of knowledge on the impact of SES on pediatric health and will inform strategies for reducing health disparities and promoting equity in health outcomes for all children, regardless of their socioeconomic background

## **1.2 Statement of the problem**

Globally, millions of children, particularly those from low socioeconomic backgrounds, face significant health challenges at the outset of their lives. This disparity often stems from inadequate access to essential goods and services, which are crucial for proper neurobiological development. Such deficiencies can lead to adverse social, emotional, psychological, and physiological outcomes (Hamad et al., 2020; Ngandu et al., 2020). Addressing these issues is critical, as improving support for deprived and underserved populations is a key strategy for fostering healthy behaviors and development in childhood and adolescence (Zaęe, 2021). Consequently, it is imperative for governments to implement health equity policies aimed at promoting positive health behaviors among their populations (Zaęe, 2021)..

Socioeconomic status (SES) encompasses various factors such as income, education, and employment, all of which influence access to healthcare, dietary habits, and health-related knowledge. These elements are vital for maintaining overall health, including oral health (Gomes et al., 2020). SES not only includes income but also educational attainment, occupational status, and individuals' perceptions of their social position. It reflects a range of quality-of-life attributes and the opportunities afforded to individuals within society (Fang et al., 2021). Poverty, in particular, is characterized by multiple physical and psychosocial stressors, making SES a reliable predictor of a wide array of outcomes, including physical and psychological health (Zaęe, 2021).

In Nigeria, barriers to accessing healthcare are prevalent, with approximately 56% of women reporting financial constraints and 33% facing physical barriers. Childhood mortality remains a

significant public health issue, with a rate of 157 per 1,000 live births (Gomes et al., 2020). Despite some research into the factors influencing maternal and childhood mortality, there is still a need for a comprehensive understanding of how SES impacts pediatric health conditions. This study aims to address this gap by exploring the knowledge and perceptions of the impact of SES on pediatric health among residents of Ekosodin Community, Edo State, Nigeria.

### **1.3 Objective of the study**

The aim of this study is to assess the perceived association of socio-economic status and paediatric health conditions among residents of the Ekosodin community in Benin City, Edo State, Nigeria.

The specific objectives of the study are to:

1. Assess the perception of the influence of socio-economic status on pediatric health conditions among the residents of Ekosodin.
2. Assess the actual influence of socio-economic factors such as income, education, and occupation on the health of children in Ekosodin community.
3. Identify the factors associated with low SES that contribute to health behaviors and outcomes among children and adolescents in Ekosodin Community.

### **1.4 Research Questions**

1. What is the perception of the influence socio-economic status on paediatric health conditions among residents of the Ekosodin community in Benin City, Edo State, Nigeria?
2. What is the actual influence of socio-economic status on paediatric health conditions among residents of the Ekosodin community in Benin City, Edo State, Nigeria?

3. What are the factors associated with low SES that contribute to poor health behaviors and outcomes among children and adolescents in Ekosodin Community?

## 1.6 Research Hypothesis

H0: There is no significant relationship between the socio-economic status and the paediatric health conditions among residents of the Ekosodin community in Benin City, Edo State, Nigeria

## 1.7 Significance of the study

The significance of this study on "perceived influence of Socio-Economic Status on Pediatric Health Conditions Among Residents of Ekosodin Community, Edo State, Nigeria" can be outlined across several key areas:

### 1. To Children

- **Improved Health Outcomes:** By identifying the socio-economic factors that negatively impact pediatric health, the study will contribute to the development of targeted interventions that can enhance the overall health and well-being of children in the Ekosodin community.
- **Preventive Measures:** The findings may lead to the implementation of preventive health measures, reducing the incidence of common childhood diseases and conditions associated with low socio-economic status.

### 2. To Parents

- **Empowerment Through Knowledge:** The study will provide parents with valuable insights into how their socio-economic status influences their children's health. This

knowledge can empower them to seek better healthcare options and adopt healthier behaviors within the constraints of their resources.

- **Informed Decision-Making:** Understanding the impact of socio-economic factors on their children's health can help parents make more informed decisions regarding nutrition, education, and healthcare, leading to better health outcomes for their families.

### 3. To Policymakers

- **Evidence-Based Policy Development:** The study's findings will provide policymakers with evidence of the specific socio-economic factors that affect pediatric health in Ekosodin. This evidence can be used to formulate policies aimed at reducing health disparities and improving access to healthcare for socio-economically disadvantaged families.
- **Targeted Resource Allocation:** Policymakers can use the study's insights to allocate resources more effectively, ensuring that interventions and support systems reach the
- most vulnerable populations within the community.

### 4. Community-Based Interventions

- **Tailored Interventions:** The study will highlight the specific needs of children in the Ekosodin community, allowing for the design and implementation of community-based interventions that are tailored to address the unique challenges posed by low socio-economic status.
- **Enhanced Community Support:** By focusing on community-based solutions, the study encourages the development of local support networks and programs that can provide ongoing assistance to children and families in need.

## 5. Cost Savings

- **Reduction in Healthcare Costs:** By addressing the root causes of poor pediatric health associated with low SES, the study could contribute to a reduction in healthcare costs. Preventing illnesses and improving health outcomes early on can decrease the need for expensive medical treatments and hospitalizations.
- **Economic Benefits:** Healthier children are more likely to succeed academically and contribute positively to society, leading to long-term economic benefits for the community as a whole.

## 6. Increased Awareness and Education

- **Raising Awareness:** The study will raise awareness among the community, healthcare providers, and policymakers about the critical role of socio-economic factors in determining pediatric health outcomes.
- **Educational Campaigns:** The insights gained can be used to develop educational campaigns aimed at improving public understanding of how SES influences health, thereby promoting healthier behaviors and better healthcare practices within the community.

### 1.7 Scope of the Study

The study will be conducted exclusively in Ekosodin Community, located in Benin City, Edo State, Nigeria. The study will focus on parents or guardians of children under 0 to 12 years residing in Ekosodin Community. These individuals are the primary subjects, as their socio-economic status (SES) directly influences the health outcomes of their children.

## 1.8 Operational definition of terms

**Socio-Economic Status (SES):** A measure that reflects an individual's or family's economic and social position in society. In this study, SES will be determined by indicators such as household income, educational attainment of parents or guardians, and their occupational status.

**Pediatric Health Conditions:** Medical and psychological conditions that affect children and adolescents. This term encompasses a range of physical health issues (e.g., malnutrition, chronic illnesses) and mental health disorders (e.g., anxiety, depression) as reported by parents or guardians in the Ekosodin Community.

**Low Socio-Economic Status (Low SES):** A classification describing individuals or families with limited financial resources, low educational attainment, and lower-tier occupational status. In this study, low SES will be defined by specific benchmarks for income, education, and occupation relevant to the Ekosodin Community.

**Environmental Factors:** External conditions or surroundings that can influence health outcomes. This includes access to healthcare services, availability of safe play and recreational spaces, and exposure to stressors within the Ekosodin Community.

**Parents/Guardians:** Individuals responsible for the care and upbringing of children and adolescents. In this study, parents or guardians are the primary respondents who provide information about their socio-economic status and their children's health conditions.

**Access to Healthcare:** The ability of individuals to obtain and utilize health services when needed. For this study, access to healthcare refers to the availability, affordability, and proximity of medical services for children and adolescents in the Ekosodin Community.

**Health Outcomes:** The effects of health behaviors, socio-economic status, and environmental factors on an individual's physical and mental health. In this study, health outcomes refer to the

physical and mental well-being of children and adolescents as influenced by their socio-economic environment.

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## CHAPTER TWO

### LITERATURE REVIEW

This chapter provides an overview of the literature related to the study. This was discussed under the following subheading; conceptual review, empirical studies, theoretical framework and summary of review of literature.

#### 2.1 Conceptual Framework

##### 2.1.1 Overview of Socio-Economic Status (SES)

Socio-economic status (SES) is a multifaceted concept that encompasses various dimensions such as income, education, occupation, and wealth, which collectively influence individuals' and families' social and economic standing in society. According to Poulain et al. (2020), SES is a crucial determinant of health, particularly in pediatric populations, as it shapes access to resources, healthcare, nutrition, and living conditions that are vital for healthy development. SES can be divided into objective measures, such as household income and parental education level, and subjective measures, such as perceived social status.

Parental education and household income are often highlighted as key components of SES, as they directly impact a child's living environment and access to healthcare services. For instance, higher parental education levels are associated with better health literacy, which enables parents to make informed health decisions for their children (de Buhr & Tannen, 2020). Conversely, lower SES, marked by limited financial resources and educational attainment, can lead to adverse health outcomes for children due to factors such as inadequate nutrition, poor housing conditions, and reduced access to quality healthcare (Zaçe, 2021).

### **2.1.2 Significance of SES in Pediatric Health Research**

The significance of SES in pediatric health research lies in its profound influence on both physical and mental health outcomes in children. Research has consistently shown that children from lower SES backgrounds are at a higher risk for a range of health issues, including chronic diseases, developmental delays, and mental health problems. For example, studies have found that children from low-income families are more likely to suffer from conditions such as asthma, obesity, and dental caries, all of which can have long-term implications for their overall well-being (Ellakany et al., 2021).

Furthermore, SES is closely linked to the social determinants of health, which include the conditions in which people are born, grow, live, work, and age. These determinants are heavily influenced by the distribution of money, power, and resources at global, national, and local levels. According to Levesque et al. (2021), changes in household SES, such as those resulting from economic downturns or shifts in employment, can significantly impact children's health by altering their access to necessary services and support systems.

The impact of SES on pediatric health is also evident in the disparities seen in health outcomes across different socio-economic groups. For instance, children from low SES families are more likely to experience food insecurity, which can lead to malnutrition and subsequent health complications (Zaçe et al., 2021). Additionally, low SES has been associated with higher rates of mental health issues in children, as stressors such as financial instability and poor living conditions contribute to psychological distress (Zaçe, 2021).

## 2.1.3 Understanding Socio-Economic Status (SES)

### 2.1.3.1 Definition and Components

Socio-economic status (SES) is a complex construct that reflects an individual's or family's social and economic standing in society. SES is generally determined by three primary components: income, education, and occupation.

- **Income:** Household income is one of the most straightforward measures of SES. It represents the financial resources available to a family, which can be used to access goods, services, and opportunities that promote health and well-being. A family's income level can affect their ability to afford necessities such as nutritious food, safe housing, and healthcare. For instance, research has shown that lower income levels are associated with limited access to healthcare services and poor health outcomes in children (Zaęe, 2021).
- **Education:** Educational attainment is another critical component of SES. It not only affects an individual's earning potential but also influences health literacy—the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Higher educational levels in parents are associated with better health outcomes for children, as educated parents are more likely to engage in healthy behaviors and seek timely medical care for their children (de Buhr & Tannen, 2020).
- **Occupation:** The type of occupation held by the primary earners in a family also contributes to SES. Occupations can be categorized by factors such as job stability, income level, and working conditions, all of which impact health. Occupations that

provide higher income, greater job security, and better working conditions generally contribute to a higher SES and, consequently, better health outcomes for children. Conversely, jobs with low pay, high stress, and poor working conditions are often associated with poorer health outcomes (Zaçe, 2021).

### **2.1.3.2 The Role of SES in Shaping Health Outcomes**

SES plays a pivotal role in shaping health outcomes across the lifespan, particularly in children. It influences nearly every aspect of a child's environment, from the quality of their diet and housing to their access to education and healthcare.

Children from higher SES families tend to have better health outcomes due to greater access to resources that promote health. These children are more likely to receive preventive healthcare, live in safer neighborhoods, attend higher-quality schools, and have parents who engage in healthy behaviors. As a result, they generally experience fewer health issues and better overall well-being (Ellakany et al., 2021).

In contrast, children from lower SES families often face numerous challenges that can negatively impact their health. Limited financial resources can lead to food insecurity, inadequate housing, and reduced access to healthcare services. These factors contribute to a higher prevalence of chronic conditions such as asthma, obesity, and dental problems among children from low-income families (Zaçe et al., 2021). Additionally, the stress associated with financial instability and living in deprived environments can adversely affect mental health, leading to issues such as anxiety, depression, and behavioral problems (Zaçe, 2021).

SES also interacts with other social determinants of health, such as race, ethnicity, and geographic location, to create disparities in health outcomes. For example, children from

minority ethnic groups and low SES backgrounds often face compounded disadvantages that exacerbate health disparities. This highlights the importance of addressing SES in public health interventions aimed at improving health equity and reducing disparities (Zaęe, 2021).

## **2.1.4 Awareness and Knowledge Levels in Communities**

### **2.1.4.1 Awareness and knowledge about the impact of socio-economic status**

Awareness and knowledge about the influence of socio-economic status (SES) on health are crucial in addressing health disparities within communities. Various studies have investigated the level of understanding within communities regarding how SES influences health outcomes, especially in pediatric populations. Research has shown that community knowledge about the relationship between SES and health varies widely, often correlating with the SES of the community itself. In lower SES communities, there tends to be less awareness of how socio-economic factors such as income, education, and occupation impact health outcomes. This lack of knowledge can hinder the ability of community members to recognize the importance of these factors in their health and that of their children (Zaęe, 2021). In contrast, communities with higher SES often exhibit a better understanding of the role that socio-economic factors play in health. These communities are generally more informed about the benefits of education, stable income, and good working conditions on health outcomes. This awareness allows them to engage in proactive health behaviors, seek preventive care, and advocate for better health services (de Buhr & Tannen, 2020).

The disparity in knowledge levels is often linked to differences in access to health information and education. Communities with better access to healthcare services and educational resources are more likely to be informed about the social determinants of health. In contrast, those with

limited access may not receive the necessary information to understand the importance of SES in health, further perpetuating health inequalities (Zaçe, 2021).

#### **2.1.4.2 Factors Influencing Awareness and Understanding**

Several factors influence the level of awareness and understanding of the impact of SES on health within communities:

**Educational Attainment:** Education plays a significant role in shaping awareness of health issues. Individuals with higher educational attainment are more likely to have a better understanding of the connection between SES and health. Education equips individuals with the skills needed to access, interpret, and apply health information effectively. This understanding is crucial in recognizing the importance of SES factors in health outcomes (Zaçe, 2021)..

**Access to Health Information:** The availability and accessibility of health information significantly impact community awareness. Communities with better access to healthcare services, media, and educational programs are more likely to be informed about how SES affects health. On the other hand, communities with limited access to these resources may lack the necessary information to understand the broader determinants of health (Zaçe, 2021).

**Cultural Beliefs and Perceptions:** Cultural beliefs and perceptions can either facilitate or hinder the understanding of the impact of SES on health. In some communities, cultural norms and values may emphasize the importance of certain SES factors, such as education and occupation, in determining health outcomes. In other communities, there

may be a stronger focus on immediate, tangible health issues, with less attention given to the broader socio-economic determinants (Zaçe, 2021)..

**Social Networks and Community Engagement:** Social networks and community engagement also play a crucial role in disseminating health information. Communities with strong social networks and active community organizations are more likely to share and spread knowledge about health issues, including the impact of SES. This communal sharing of information can lead to increased awareness and a collective understanding of the importance of addressing socio-economic disparities to improve health outcomes (Zaçe et al., 2021).

**Economic Stability:** Economic stability within a community influences the level of awareness about SES and health. Communities with more stable economies are better equipped to invest in health education and outreach programs, which can raise awareness about the importance of socio-economic factors in health. Conversely, economically unstable communities may struggle to prioritize health education, leading to lower levels of awareness and understanding (Roser et al., 2019).

## **2.1.5 Parental Health Literacy and Education**

### **2.1.5.1 Influence of Parental Education and Health Literacy on Children's Health Outcomes**

Parental education and health literacy are pivotal in determining the health outcomes of children, particularly in the context of socio-economic status (SES). Education not only equips parents with the knowledge to make informed decisions regarding their children's health but also impacts their ability to navigate healthcare systems effectively.

Moreover, parental health literacy, which encompasses the ability to obtain, read, understand, and use healthcare information to make appropriate health decisions, is crucial in managing children's health. De Buhr and Tannen (2020) emphasize that parents with higher health literacy are better equipped to comprehend medical instructions, understand the implications of health conditions, and make informed choices about treatment options. This capability is particularly important in managing chronic conditions, where ongoing care and adherence to treatment plans are essential for positive outcomes.

Conversely, lower levels of parental education and health literacy can lead to poorer health outcomes for children. Parents with limited education may struggle to understand health information, leading to delays in seeking care or misunderstandings about treatment plans. This gap in understanding can result in less effective management of health conditions, higher rates of preventable diseases, and overall poorer health outcomes for children.

The influence of parental education and health literacy is also evident in the context of socio-economic disparities. Zaçe, 2021). highlight that families with lower SES often face barriers to education and access to reliable health information, further compounding the challenges they face in ensuring their children's health. In such cases, improving parental education and health literacy can be a crucial strategy in mitigating the negative effects of low SES on children's health.

#### **2.1.5.2 The Role of Awareness in Mitigating SES-Related Health Disparities**

Awareness of the connection between SES and health is essential in addressing the health disparities that arise from socio-economic inequalities. For parents, being aware of how their

socio-economic circumstances influence their children's health can empower them to take action to mitigate these effects, even within the constraints of limited resources.

Parental awareness plays a significant role in mitigating SES-related health disparities by encouraging behaviors that promote health and well-being despite socio-economic challenges. Vazquez and Cubbin (2020) emphasize that parents who are aware of the importance of nutrition, physical activity, and preventive healthcare are more likely to prioritize these aspects of their children's lives, even in low-income households.

In communities where awareness is high, parents may also be more likely to seek out and utilize available resources, such as community health programs, educational workshops, and support groups. These resources can provide critical support in overcoming the barriers posed by low SES, helping parents to make informed decisions and advocate for their children's health needs (Ngandu et al., 2020).

Awareness also plays a crucial role in influencing health policy and the development of interventions aimed at reducing SES-related health disparities. Levesque et al. (2021) stress that when parents and communities are informed about the impact of SES on health, they are more likely to advocate for policies that address these disparities, such as improved access to healthcare, educational opportunities, and social services. This collective awareness can drive change at the systemic level, ultimately leading to more equitable health outcomes for all children.

## **2.1.6 Physical Health Outcomes**

### **2.1.6.1 Influence of SES on Childhood Malnutrition, Infectious Diseases, and Chronic Conditions**

Socio-economic status (SES) plays a significant role in determining the physical health outcomes of children, particularly in relation to malnutrition, infectious diseases, and chronic conditions. The impact of SES on these health issues is profound, with lower SES often associated with poorer health outcomes due to a combination of factors such as limited access to healthcare, inadequate nutrition, and environmental exposures.

#### **Childhood Malnutrition**

Malnutrition is a major concern among children in lower SES groups. Families with limited financial resources often struggle to provide a balanced diet that meets the nutritional needs of their children. This can lead to undernutrition, which in turn affects children's physical development, immune system functioning, and overall health. According to Zaçe, 2021, malnutrition is particularly prevalent in low-income households, where the lack of access to nutritious food is compounded by other socio-economic challenges such as poor living conditions and limited access to healthcare services. These conditions create a cycle of poor health outcomes that are difficult to break without targeted interventions.

#### **Infectious Diseases**

The prevalence of infectious diseases is also higher among children from low SES backgrounds. Poor living conditions, overcrowding, and lack of access to clean water and sanitation facilities are common in low-income communities, making these children more susceptible to infections. For instance, the study by Hobbs et al. (2019) highlights that children from lower SES families

are at a greater risk of hospitalization due to infectious diseases, as their living conditions often facilitate the spread of pathogens. Furthermore, limited access to healthcare means that these infections are less likely to be diagnosed and treated promptly, leading to more severe health outcomes.

## **Chronic Conditions**

SES is also a critical factor in the prevalence and management of chronic conditions among children. Chronic conditions such as asthma, diabetes, and heart disease are more common and less well-managed in children from low SES families. This is due to several factors, including limited access to healthcare, lack of health education, and financial barriers to obtaining necessary medications and treatments. Zaçe, (2021) emphasize that children with chronic conditions in low-income households often experience worse health outcomes due to these barriers. Additionally, the stress associated with financial instability can exacerbate these conditions, leading to a cycle of poor health and further economic hardship.

### **2.1.7 Mental Health Outcomes**

#### **2.1.7.1 Relationship between SES and Mental Health Issues in Children and Adolescents**

Socio-economic status (SES) is a significant determinant of mental health outcomes in children and adolescents. Numerous studies have demonstrated a strong correlation between lower SES and an increased risk of mental health issues, including anxiety, depression, and behavioral disorders. The relationship between SES and mental health is complex and multifaceted, involving a combination of environmental, social, and economic factors.

#### **SES and Mental Health Issues**

Children and adolescents from low SES backgrounds are more likely to experience mental health challenges compared to their peers from higher SES families. The chronic stress associated with financial instability, exposure to violence, inadequate housing, and limited access to mental health services contributes significantly to the development of mental health disorders in these populations. According to Zaçe, (2021)., children from lower SES families are more likely to experience stressful life situations, which can lead to an increased prevalence of mental health problems. The study emphasizes that the cumulative effect of these stressors over time can have a profound impact on the mental well-being of children and adolescents.

### **Environmental and Social Factors**

The environments in which children from lower SES backgrounds grow up are often characterized by higher levels of stress, uncertainty, and instability. These environmental stressors can have a direct impact on mental health, leading to conditions such as anxiety and depression. Additionally, social factors such as parental mental health, family dynamics, and social support networks play a crucial role in the mental health outcomes of children. Liu et al. (2020) highlight the importance of protective factors, such as strong family support and positive community engagement, in mitigating the adverse effects of low SES on mental health. However, in many low SES families, these protective factors are often lacking, further exacerbating mental health issues.

### **Access to Mental Health Services**

Access to mental health services is another critical issue for children and adolescents from low SES backgrounds. Financial barriers, lack of mental health awareness, and stigma associated with mental health issues can prevent these children from receiving the care they need. This lack of access can lead to untreated mental health conditions, which may worsen over time and have

long-term implications for the child's development and overall well-being. The systematic review by Scharpf et al. (2021) underscores the role of socio-ecological factors, including access to mental health care, in protecting or putting children at risk for mental health issues. The review calls for greater attention to these disparities in order to provide targeted interventions that address the unique needs of children from low SES families.

## **2.1.8 Access to Healthcare and Services**

### **2.1.8.1 How SES influence Access to Healthcare Services and the Resulting Health Disparities Among Children**

Socio-economic status (SES) significantly influences access to healthcare services, which in turn contributes to health disparities among children. Children from low SES backgrounds often face numerous barriers to accessing adequate healthcare, leading to poorer health outcomes compared to their peers from higher SES backgrounds.

#### **Barriers to Healthcare Access**

Children from low SES families frequently encounter barriers that impede their ability to access healthcare services. These barriers include financial constraints, lack of health insurance, limited availability of healthcare providers, and geographic challenges. According to Nicholson et al. (2020), these barriers are compounded by systemic issues such as the underfunding of healthcare facilities in low-income areas, leading to reduced availability and quality of care. As a result, children from low SES backgrounds are less likely to receive timely medical attention, preventive care, and specialized services.

#### **Health Disparities Among Children**

The disparities in healthcare access resulting from SES inequalities are evident in various health outcomes. For instance, children from low SES backgrounds are more likely to experience delays in receiving necessary vaccinations, leading to higher susceptibility to preventable diseases. Sakwe et al. (2020) highlight that in regions with significant SES disparities, children from lower-income families have higher rates of anemia, malnutrition, and infectious diseases due to inadequate access to healthcare services. These disparities can have long-lasting effects on the overall health and development of these children.

### **Influence on Chronic Conditions**

Access to healthcare is also crucial for the management of chronic conditions in children. Children with chronic illnesses, such as asthma or diabetes, require consistent medical care, including regular check-ups, medications, and monitoring. However, low SES often restricts access to these essential services. Mönkemöller et al. (2021) emphasize that children from lower SES backgrounds with chronic conditions often receive suboptimal care, leading to poorer disease management and worse health outcomes. This lack of access can exacerbate the severity of chronic conditions and increase the risk of complications.

### **Long-Term Consequences**

The long-term consequences of limited access to healthcare services due to low SES can be profound. Children who do not receive adequate healthcare are at risk of developing more severe health problems as they age, contributing to a cycle of poverty and poor health. Levesque et al. (2021) stress that changes in household SES can have immediate and lasting impacts on children's health, particularly when healthcare access is compromised. Addressing these disparities is crucial for breaking the cycle and promoting equitable health outcomes for all children.

## **2.1.9 Environmental and Economic Stressors**

### **2.1.9.1 Discussion of the Stressors Associated with Low SES, Such as Poverty, Poor Living Conditions, and Food Insecurity**

Low socio-economic status (SES) exposes children to various environmental and economic stressors that significantly impact their health and well-being. These stressors, including poverty, poor living conditions, and food insecurity, can lead to adverse health outcomes and hinder healthy development.

#### **Poverty and Its Influence**

Poverty is a primary stressor associated with low SES, affecting nearly every aspect of a child's life. Children living in poverty are more likely to experience financial instability, which can lead to reduced access to essential resources such as healthcare, education, and recreational activities.

#### **Poor Living Conditions**

Poor living conditions are another significant stressor for children from low SES backgrounds. Substandard housing, overcrowded living spaces, and exposure to environmental hazards such as pollution and inadequate sanitation can have detrimental effects on health. Poulain et al. (2021) discuss how poor living conditions are associated with increased rates of respiratory infections, lead poisoning, and other health issues. Additionally, overcrowded living environments can contribute to higher stress levels and reduced overall quality of life, further exacerbating health disparities among children.

#### **Food Insecurity**

Food insecurity, defined as the lack of consistent access to sufficient and nutritious food, is a critical issue for many families with low SES. Children experiencing food insecurity are at

higher risk of malnutrition, which can impact their physical and cognitive development. Sakwe et al. (2021) highlight that food insecurity is linked to higher rates of anemia, growth delays, and poor academic performance in children. Inadequate nutrition due to food insecurity not only affects immediate health but also has long-term consequences for a child's overall development and future prospects.

### **Cumulative Stress and Health Outcomes**

The cumulative effect of these stressors can be profound. Chronic exposure to poverty, poor living conditions, and food insecurity creates a persistent state of stress that can negatively affect both physical and mental health. Reiss et al. (20w21) point out that the ongoing stress associated with low SES can lead to elevated levels of cortisol, a stress hormone that, when persistently high, can contribute to a range of health problems, including cardiovascular issues and weakened immune function.

### **Mitigation and Support**

Addressing these environmental and economic stressors requires comprehensive approaches that include improving living conditions, providing access to nutritious food, and supporting families in financial distress. Programs aimed at reducing poverty, enhancing housing quality, and ensuring food security can help alleviate some of the negative impacts of low SES on children's health. According to Levesque et al. (2021), targeted interventions and social support systems are essential in mitigating the effects of these stressors and promoting better health outcomes for children from low SES backgrounds.

### **2.1.10 Behavioral and Lifestyle Factors**

#### **Influence of Low SES on Health Behaviors Such as Diet, Physical Activity, and Preventive Care**

Low socio-economic status (SES) influences various health behaviors and lifestyle factors, which significantly impact children's overall health. Behavioral and lifestyle factors, including diet, physical activity, and preventive care, are critical components affected by SES and contribute to the health disparities observed among children from lower socio-economic backgrounds.

#### **Diet and Nutritional Intake**

Children from low SES backgrounds often face challenges related to diet and nutritional intake. Financial constraints and limited access to healthy food options can lead to poor dietary habits.

#### **Physical Activity and Exercise**

Physical activity is another critical area affected by low SES. Children from lower SES backgrounds often have fewer opportunities for physical exercise due to limitations in access to recreational facilities, safe play areas, and organized sports programs. Poulain et al. (2021) highlight that lower SES is associated with reduced levels of physical activity, which can lead to increased risks of obesity and related health conditions.

Moreover, economic constraints may limit parents' ability to engage their children in physical activities that require financial investment, such as sports teams or gym memberships. This lack of physical activity contributes to a sedentary lifestyle, which is linked to various health issues, including cardiovascular diseases and poor mental health outcomes.

#### **Preventive Care and Health Services**

Access to preventive care and health services is often limited for families with low SES. Regular check-ups, vaccinations, and early screenings are crucial for maintaining health and preventing diseases. However, low SES can result in barriers to accessing these essential services, such as lack of health insurance, transportation issues, and limited availability of services in underserved areas.

### **Behavioral Adaptations and Interventions**

Addressing the impact of low SES on health behaviors requires multifaceted approaches that include both individual and community-level interventions. Programs aimed at improving access to nutritious foods, promoting physical activity, and enhancing availability and affordability of preventive care can help mitigate the negative effects of low SES on health behaviors.

Levesque et al. (2021) suggest that community-based interventions, such as school nutrition programs and subsidized sports activities, can support healthier lifestyles among children from low SES backgrounds. Additionally, public health initiatives focused on increasing awareness and education about healthy behaviors can play a significant role in promoting positive changes in diet, physical activity, and preventive care.

### **Social and Cultural Influences**

#### **Examination of Social and Cultural Factors that Exacerbate Health Risks in Low SES Families**

Social and cultural factors play a significant role in exacerbating health risks among families with low socio-economic status (SES). These factors can influence health behaviors, access to resources, and overall well-being, contributing to the disparities observed in health outcomes.

### **Social Determinants of Health**

Social determinants such as family structure, community support, and social networks impact health outcomes significantly. For families with low SES, limited social support and inadequate community resources can heighten vulnerability to health risks.

### **Cultural Beliefs and Practices**

Cultural beliefs and practices can also influence health behaviors and outcomes. For instance, certain cultural attitudes towards health and healthcare may affect how families seek and utilize medical care. Some cultural beliefs may lead to preferences for traditional or alternative medicine over conventional healthcare, potentially delaying access to effective treatments. For example, in some cultures, there may be a tendency to avoid seeking medical help due to stigma or a belief that health issues should be managed within the family or community

### **Health Literacy and Education**

Health literacy, which refers to an individual's ability to access, understand, and use health information, is another crucial factor. Families with low SES often have lower health literacy, which can impact their ability to make informed health decisions and navigate the healthcare system. De Buhr and Tannen (2020) emphasize that inadequate health literacy is linked to poorer health outcomes and reduced engagement in preventive health behaviors, such as regular check-ups and vaccinations.

### **Economic Stress and Family Dynamics**

Economic stress associated with low SES can strain family dynamics and affect overall health. Financial instability may lead to increased family conflict and stress, which can adversely impact mental and physical health. According to Andriastuti et al. (2020), economic stress can exacerbate health issues such as anemia and other nutritional deficiencies among children, further compounding the health risks associated with low SES.

### **Community and Environmental Factors**

The environment in which low SES families live can also influence health risks. Poor living conditions, including overcrowded housing and exposure to environmental hazards, can contribute to both physical and mental health problems. As highlighted by Sakwe et al. (2021), inadequate housing and living conditions are associated with higher rates of infectious diseases and poor health outcomes among children.

### **Cultural Stigma and Health-Seeking Behavior**

Cultural stigma related to certain health conditions can also affect health-seeking behavior. Families from low SES backgrounds may avoid seeking help for mental health issues or chronic conditions due to fear of stigma or discrimination. This avoidance can delay treatment and result in worsened health outcomes. Symonds et al. (2021) discuss how stigma and cultural factors can influence the management of conditions such as epilepsy, with some families opting for traditional practices over conventional medical treatment.

### **Social Policy and Support Systems**

Social policies and support systems play a role in addressing or exacerbating health disparities. Policies that provide financial assistance, access to quality healthcare, and educational opportunities can help mitigate some of the negative impacts of low SES. However, when support systems are inadequate or inaccessible, they may fail to address the needs of low SES families effectively. According to Levesque et al. (2021), improving social policies and support systems can enhance access to healthcare and resources, thereby reducing health disparities.

### **2.1.11 Barriers to Health Improvement**

#### **Challenges Faced by Low SES Families in Accessing Resources, Healthcare, and Support Services**

Low socio-economic status (SES) presents a multitude of barriers to accessing essential resources, healthcare, and support services. These barriers can significantly impact health outcomes and contribute to the persistent health disparities observed among low SES families.

##### **Financial Constraints**

Financial limitations are a primary barrier to accessing healthcare and other critical resources. Families with low SES often struggle to afford medical care, medications, and preventive services.

##### **Inadequate Health Insurance**

Lack of health insurance or underinsurance can severely restrict access to healthcare services. Many low SES families face difficulties obtaining comprehensive health insurance coverage, which limits their access to necessary medical care.

##### **Limited Access to Healthcare Facilities**

Geographical barriers, such as living in areas with few healthcare facilities or those far from specialized care, can hinder access to medical services. Families in low SES communities may have limited access to nearby healthcare facilities, which can result in reduced utilization of healthcare services. For example.

##### **Transportation Issues**

Transportation barriers can further complicate access to healthcare services. Families with low SES may lack reliable transportation, making it difficult to attend medical appointments or

access healthcare facilities. This issue is highlighted by de Buhr and Tannen (2020), who report that transportation difficulties can contribute to missed appointments and delayed care.

### **Lack of Health Literacy**

Health literacy is crucial for navigating the healthcare system and making informed health decisions. Low SES families often experience lower levels of health literacy, which can hinder their ability to understand and utilize health information effectively. As noted by Andriastuti et al. (2020), limited health literacy can lead to challenges in managing health conditions, adhering to treatment plans, and accessing appropriate care.

### **Stigma and Cultural Barriers**

Cultural stigma and beliefs can also act as barriers to accessing healthcare services. Families may avoid seeking help due to fear of stigma, discrimination, or cultural norms that devalue medical intervention. Symonds et al. (2021) discuss how cultural factors and stigma can prevent families from pursuing necessary medical care and adhering to treatment recommendations.

### **Insufficient Social Support**

Social support systems play a critical role in accessing healthcare and managing health conditions. Families with low SES may lack adequate social support, such as family or community assistance, which can help in navigating the healthcare system and managing health needs. Levesque et al. (2021) highlight that a lack of social support can exacerbate challenges in accessing and utilizing healthcare resources.

### **Economic and Environmental Stressors**

Economic stress and poor living conditions associated with low SES can further compound barriers to healthcare access. Stress related to financial instability, inadequate housing, and food insecurity can negatively affect health and reduce the ability to seek and utilize healthcare

services effectively. According to Sakwe et al. (2021), these stressors can contribute to poorer health outcomes and reduced engagement in health-promoting behaviors.

### **Fragmented Healthcare Services**

Fragmented healthcare services can create additional barriers for low SES families. A lack of coordination between different healthcare providers and services can lead to inefficiencies and difficulties in accessing comprehensive care.

### **Policy and Systemic Challenges**

Systemic issues and inadequate policies can also contribute to barriers in accessing healthcare and support services. Policies that do not adequately address the needs of low SES families or fail to provide sufficient support can perpetuate health disparities. According to Levesque et al. (2021), effective policy interventions are necessary to address the barriers faced by low SES families and improve access to healthcare and resources.

## **2.2 Theoretical Review**

### **Health Inequality Framework**

The Health Inequality Framework by Dahlgren and Whitehead, 1991 emerged from the broader field of social determinants of health, which explores how socio-economic factors and structural inequalities affect health outcomes. The historical roots of this framework can be traced back to the early 20th century when researchers began systematically studying how social and economic conditions influence health disparities.

- **Early Studies:** In the 19th and early 20th centuries, social medicine pioneers like Rudolf Virchow and John Snow highlighted the connection between social conditions and health

outcomes. Their work laid the groundwork for understanding how systemic inequalities impact public health.

- **Post-War Developments:** After World War II, researchers such as Michael Marmot and Richard Wilkinson further developed the concept of health inequalities. Their studies, particularly the Whitehall studies, demonstrated that health outcomes were not only related to individual behavior but also to socio-economic status and workplace conditions.
- **Modern Perspectives:** In recent decades, the focus has broadened to include a range of social and economic factors, including income inequality, education, and access to healthcare. The work of Wilkinson and Pickett in their book "The Spirit Level" emphasized that more equal societies tend to have better health outcomes across the population.

## 1. Definition and Core Concepts

- **Health Inequality:** Refers to differences in health outcomes that are systematically associated with social, economic, and environmental factors. These inequalities are often avoidable and unjust, arising from disparities in resources, opportunities, and access to services.
- **Social Determinants of Health:** The Health Inequality Framework is closely related to the concept of social determinants of health, which includes factors such as income, education, employment, social support, and living conditions. These determinants influence health outcomes and contribute to health disparities among different socio-economic groups.

## 2. Core Components

- **Income Inequality:** Income is a primary factor affecting health outcomes. Lower income is associated with higher risks of poor health, limited access to healthcare, and higher rates of chronic diseases.
- **Education:** Educational attainment influences health literacy, which impacts health behaviors and access to health services. Higher levels of education are generally linked to better health outcomes.
- **Occupation:** The type of employment and working conditions play a significant role in health disparities. Jobs with lower status and less security often come with higher health risks.
- **Living Conditions:** Poor housing, inadequate sanitation, and exposure to environmental hazards are associated with adverse health outcomes. People in lower socio-economic groups are more likely to live in such conditions.

### 3. Mechanisms of Influence

- **Access to Resources:** Health inequalities often stem from unequal access to resources such as healthcare, nutritious food, and safe living environments. Individuals in lower socio-economic groups may face barriers to accessing these resources, leading to poorer health outcomes.
- **Stress and Psychosocial Factors:** Socio-economic disadvantages can increase stress and contribute to mental health issues, which in turn affect physical health. Chronic stress related to financial instability and social marginalization can exacerbate health problems.
- **Social and Environmental Conditions:** Broader social and environmental factors, such as community safety and social support networks, influence health. Inequities in these areas contribute to varying health outcomes across socio-economic groups.

#### 4. Policy Implications

- **Equity-Oriented Interventions:** Addressing health inequalities requires targeted policies and interventions that aim to reduce disparities. This includes improving access to healthcare, enhancing educational opportunities, and addressing income inequality.
- **Comprehensive Approaches:** Effective strategies often involve a multi-faceted approach that addresses the root causes of health inequalities. This may include social and economic policies designed to reduce poverty, improve working conditions, and ensure equitable access to services.

#### Applying the theory to the study

Applying the Health Inequality Framework to the study on "knowledge of the Impact of Socio-Economic Status on Pediatric Health Conditions Among Residents of Ekosodin Community, Edo State, Nigeria" involves examining how various socio-economic factors contribute to health disparities in this community. Here's how the theory can be applied to different aspects of the study:

#### Application of the Health Inequality Framework

##### 1. Understanding Socio-Economic Status (SES) and Health Outcomes

- **Income:** Low-income families in Ekosodin are likely to experience higher rates of poor health outcomes due to limited financial resources. According to the framework, lower income can restrict access to quality healthcare, adequate nutrition, and safe living conditions. In Ekosodin, income disparities may lead to differences in access to essential health services and resources, contributing to varying health conditions among children.
- **Education:** Parental education is a critical determinant of children's health. Lower educational attainment among parents in Ekosodin may result in lower health literacy,

affecting their ability to seek appropriate care and make informed health decisions. The framework highlights that less educated parents might have limited knowledge about preventive health measures, which can adversely affect their children's health.

- **Occupation:** The type of employment and working conditions of parents in Ekosodin could influence family income and access to health resources. Occupations with lower status often come with less job security and poorer working conditions, which can impact health outcomes. This might manifest as increased stress and reduced capacity to afford healthcare for families in lower socio-economic brackets.

## **2. Influence of SES on Health Behaviors and Access to Healthcare**

- **Health Behaviors:** The Health Inequality Framework suggests that low SES is associated with less favorable health behaviors, such as poor diet and limited physical activity. In Ekosodin, families with lower SES might struggle to access nutritious food and recreational facilities, leading to higher rates of malnutrition and other health issues among children.
- **Access to Healthcare:** Families in lower socio-economic strata often face barriers to accessing healthcare services. In Ekosodin, these barriers may include financial constraints, limited availability of healthcare facilities, and lack of transportation. The framework emphasizes that such barriers can lead to delayed diagnosis and treatment, exacerbating health disparities among children in the community.

## **3. Environmental and Economic Stressors**

- **Living Conditions:** Poor living conditions, such as inadequate housing and sanitation, are prevalent among low SES families. The framework highlights that these environmental stressors contribute to a higher incidence of health problems, including

infectious diseases and chronic conditions. In Ekosodin, substandard housing and lack of clean water may significantly impact children's health.

- **Food Insecurity:** Economic constraints may lead to food insecurity, affecting the nutritional status of children. The Health Inequality Framework underscores the importance of addressing food insecurity as it directly influences health outcomes, such as malnutrition and related diseases.

#### **4. Social and Cultural Influences**

- **Social Support:** The availability of social support networks can mediate the impact of low SES on health outcomes. In Ekosodin, the strength and accessibility of social support systems may influence how well families can cope with health challenges. The framework suggests that strong community ties and social capital can help mitigate some of the adverse effects of low SES.
- **Cultural Factors:** Cultural beliefs and practices in Ekosodin may also play a role in shaping health behaviors and perceptions. The framework highlights that cultural factors can influence how health issues are understood and addressed, potentially affecting the effectiveness of health interventions.

#### **5. Barriers to Health Improvement**

- **Resource Access:** The Health Inequality Framework points out that low SES families often face significant barriers in accessing health resources and services. In Ekosodin, these barriers might include inadequate healthcare infrastructure, high out-of-pocket costs, and limited health insurance coverage.
- **Support Services:** Limited access to support services, such as community health programs and educational resources, can further exacerbate health disparities. The

framework emphasizes the need for targeted interventions to improve access to essential services and support systems for low SES families.

## **2.3 Empirical Review**

### **Perception of the Influence of Socio-Economic Status on Pediatric Health Conditions**

De Buhr and Tannen (2020) examined the impact of parental health literacy on children's health outcomes through a cross-sectional survey involving 4,217 parents from 28 schools in Germany. Their findings revealed that high parental health literacy was positively associated with healthier behaviors in children, such as better nutrition and more physical activity. Conversely, low parental health literacy, often linked to lower SES, was associated with less healthy behaviors. The study emphasized the importance of enhancing parental health knowledge to improve child health outcomes, particularly in areas impacted by socio-economic factors.

Vincent et al. (2021) conducted a qualitative study focusing on the effects of socio-economic determinants on maternal and child health in Nigeria. Their narrative literature review highlighted various socio-economic factors, including financial inequality, regional disparities, and education, that adversely affect maternal and child health. The study identified strategies such as improved social networks, education, and gender equity as key to addressing these health challenges. The findings pointed to the need for targeted interventions to improve health outcomes among Nigerian women and children.

Adesuyi et al. (2021) investigated socio-economic disparities in child malnutrition in Nigeria using data from the Living Standards Measurement Study. The study revealed high rates of stunting, wasting, and underweight among children under five, particularly in rural areas and among those from poorer households. The analysis showed that as socio-economic status

improved, the rates of these forms of malnutrition decreased. This study highlights the critical need for interventions aimed at increasing income and resources for socio-economically disadvantaged families to address high malnutrition rates.

### **Influence of Socio-Economic Status on Pediatric Health Conditions**

Ngandu et al. (2020) conducted a systematic review assessing how household SES and maternal socio-demographic characteristics influence adverse birth and infant growth outcomes in sub-Saharan Africa. Analyzing 11 studies from various regions, the review found that lower maternal education, unemployment, and household wealth were significantly associated with preterm birth, low birth weight, and undernutrition in infants. Maternal marital status did not significantly influence these outcomes. The findings point to the critical role of improving education and reducing poverty among women of reproductive age to enhance infant health outcomes and mitigate the prevalence of undernutrition.

Vettore et al. (2019) explored the interplay between SES, social support, and oral health among adolescents in Dourados, Brazil. The study involved 542 adolescents and examined factors such as family income, parental education, and social networks. Results indicated that higher income and greater social support were linked to better dental health and higher oral health-related quality of life (OHRQoL). Poor dental status was associated with increased dental pain and lower OHRQoL. The study underscored the importance of considering socio-economic and social support factors in dental health promotion strategies for adolescents.

Best et al. (2019) performed a systematic review and meta-analysis to evaluate the impact of SES on mortality among children with congenital heart disease (CHD). The review included 28 studies and found that lower SES was associated with higher mortality rates in children with CHD. Specifically, increased area-based poverty was linked to higher odds of mortality at

various stages, including neonatal and post-discharge periods. Higher parental education was associated with reduced odds of neonatal and infant mortality. The study suggests that addressing socio-economic inequalities could significantly improve survival rates among children with CHD.

### **Factors Associated with Low SES Contributing to Poor Health Behaviors and Outcomes**

Hamad et al. (2020) conducted a computer simulation study using the Cardiovascular Disease Policy Model to estimate the excess burden of premature coronary heart disease (CHD) among individuals with low SES in the United States. The study projected that approximately 16 million adults aged 35 to 64 years with low SES experienced double the rates of myocardial infarctions (MI) and CHD deaths compared to those with higher SES. While traditional CHD risk factors accounted for 40% of this excess burden, 60% was attributed to other SES-related factors. The study highlights the substantial impact of low SES on early CHD, suggesting that additional interventions beyond addressing traditional risk factors are necessary to mitigate this disparity.

Gomes et al. (2020) conducted a school-based follow-up study in Manaus, Brazil, involving 376 adolescents to explore how SES, social support, oral health beliefs, and psychosocial factors influence health behaviors and quality of life. The study found that higher SES was associated with better health behaviors such as more frequent tooth brushing and less smoking. Additionally, greater social support, higher self-esteem, and better psychosocial factors were linked with improved health-related quality of life (HRQoL). SES indirectly influenced HRQoL through social support, oral health beliefs, and health behaviors, emphasizing the need for targeted interventions to improve adolescent health through both social and economic channels.

Fang et al. (2021) performed a systematic review to identify factors related to parenting self-efficacy (PSE). The review included 30 studies and highlighted that child temperament, maternal parenting satisfaction, parenting stress, maternal depression, household income, and perceived

social support were associated with PSE. While the evidence for some factors like educational level and parity was inconsistent, the findings suggest that improving parental support and addressing economic and psychological stressors could enhance parenting self-efficacy and, consequently, child well-being.

Bommer et al. (2019) analyzed data from 72 Demographic and Health Surveys to understand how SES moderates the relationship between stunting and age in low- and middle-income countries. The study found that while stunting rates were relatively low in children under 5 months, they increased significantly in older children, especially in poorer households. SES was a crucial moderator, with stunting rates being much higher in the poorest quartile compared to the richest. The study suggested that addressing both nutrition-specific and nutrition-sensitive factors is essential to reducing stunting in low SES populations, indicating that multifaceted interventions are necessary to tackle the issue effectively.

## **2.4 Summary of Literature Review**

The literature review under conceptual, theoretical and empirical review and it reveals a complex and multifaceted relationship between SES and child health outcomes. Socio-economic status is broadly defined by income, education, and occupation, each significantly influencing health outcomes. Lower income is often linked to restricted access to healthcare and poorer living conditions, which contribute to higher rates of disease and poorer health among children. Parental education, a crucial component of SES, affects health literacy and practices, impacting children's health through knowledge gaps and limited access to health-promoting resources. Occupation-related factors also play a role, with lower-status jobs frequently associated with increased health risks and less access to health benefits.

The literature highlights that families with low SES are more likely to engage in unhealthy behaviors due to financial constraints and limited resources, which affect children's diet, physical activity, and preventive care. Barriers such as high healthcare costs, limited availability of services, and inadequate transportation contribute to disparities in healthcare access, leading to delayed diagnosis and treatment. Environmental and economic stressors linked to low SES, such as poor housing conditions and food insecurity, are prominently discussed. Poor living conditions, including inadequate sanitation and housing, exacerbate health risks and contribute to higher rates of infectious and chronic diseases among children. Food insecurity impacts nutritional status, leading to malnutrition and related health problems. Social support and cultural factors also play a significant role in shaping health outcomes. Strong social networks can mitigate some of the negative effects of low SES by providing emotional and practical support. Cultural beliefs and practices influence health behaviors and perceptions, affecting how health issues are managed and addressed within low SES communities. Low SES families face substantial barriers to accessing resources and support services. Challenges such as limited healthcare infrastructure, high out-of-pocket costs, and inadequate health insurance coverage impede health improvements. Addressing these barriers requires targeted interventions to enhance access to essential services and support systems. The Health Inequality Framework provides a robust lens for analyzing how socio-economic factors contribute to health disparities, emphasizing the need for comprehensive and equitable policies to address these issues.

## **CHAPTER THREE**

### **METHODOLOGY**

This chapter describes the research methodology that were applied and adopted in conducting this study. The various components of research methodology were discussed under their respective headings, including research design, study setting, target population, sample and sampling technique, instruments of data collection, validity and reliability of instruments, method of data collection, method of data analysis, and ethical considerations.

#### **3.1 Research design**

The research design adopted a cross sectional descriptive research design, utilizing surveys and questionnaires to gather data on socio-economic status, health knowledge, and healthcare access among participants.

#### **3.2 Research Setting**

The study was carried out in the Ekosodin Community, located in Benin City, Edo State, Nigeria. The research setting for this study was located in the Ekosodin Community, situated within the Ovia North-East Local Government Area of Edo State, Nigeria. Ekosodin is positioned to the east of Isihor and is adjacent to the University of Benin, making it a significant residential area for students and staff associated with the university. This proximity had led to a transformation of the community from primarily agricultural land use to a more residential and commercial focus, driven by the influx of students and their families. As of the last census, the population of Ekosodin was estimated to be around 7,000; however, this number has significantly increased due to the growing student population, with projections suggesting that the population could

reach approximately 45,000 in recent estimates. This demographic shift had introduced a diverse array of socio-economic backgrounds within the community, contributing to the complexity of health outcomes among its residents. Accessibility to Ekosodin is facilitated by major roads leading from the Lagos-Benin Expressway, and the community is in close proximity to various amenities, including schools, markets, and healthcare facilities. The Ovia North-East Local Government Area, which encompasses Ekosodin, covers an area of 2,301 square kilometers and is characterized by its diverse demographic composition.

### **3.3 Target Population**

The target population for the study were of parents or guardians of children and adolescents residing in the Ekosodin community, located in Benin City, Edo State, Nigeria. The community was characterized by a diverse demographic, primarily due to its proximity to the University of Benin, which had led to a significant influx of students and their families seeking accommodation in the area.

### **3.4 Sample Size Determination**

The standard sample size formula used is often referred to as the Cochran's Sample Size Formula for Proportions.

The formula is given by:

$$n = \frac{Z^2 \cdot p \cdot (1-p)}{E^2}$$

$$E^2$$

- Components of the Formula
- n: Required sample size
- Z: Z-value corresponding to the desired confidence level (e.g., 1.96 for a 95% confidence level)
- p: Estimated proportion of the population (if unknown, use 0.5 for maximum sample size)
- E: Margin of error (the acceptable difference between the sample statistic and the population parameter)
- Assuming:
  - Confidence level = 95% (Z = 1.96)
  - Estimated proportion (p) = 0.5
  - Margin of error (E) = 0.05

Using the formula:

$$n = \frac{(1.96)^2 \cdot 0.5 \cdot (1-0.5)}{(0.05)^2}$$

Calculate  $Z^2$

$$(1.96)^2 = 3.8416$$

Calculate p. (1-p):

$$0.5 \cdot (1-0.5) = 0.22$$

Calculate  $E^2$ :

$$(0.05)^2 = 0.0025$$

$$n = \frac{3.8416 \cdot 0.25}{0.0025}$$

$$n = \frac{0.9604}{0.0025} = 384.16$$

Therefore, the sample size is approximately 385

### **Inclusion Criteria**

- Parents or guardians of children and adolescents residing in the Ekosodin community in Benin City, Edo State, Nigeria
- Participants were willing to provide informed consent to participate in the study
- Participants were able to comprehend and respond to the survey questionnaires

### **Exclusion Criteria**

- Individuals who were not parents or guardians of children and adolescents living in the Ekosodin community
- Potential participants who had acute or chronic conditions that could interfere with their ability to participate in the study or provide accurate data
- Individuals who were unable to provide informed consent

### **3.5 Sampling Technique**

A multi-stage sampling technique was employed to select 385 parents or guardians of children and adolescents from the Ekosodin community. This approach ensured a representative sample of the population while minimizing selection bias. The multi-stage sampling method involved several stages, each utilizing different sampling techniques to refine the selection process and ensure diversity within the sample.

#### **Stage 1: Cluster Sampling**

In the first stage, the Ekosodin community was divided into several clusters based on geographical areas or administrative divisions. Each cluster consisted of a specific number of households or sub-communities. This initial clustering helped manage the large population by breaking it down into more manageable sub-groups, making it easier to conduct the study.

#### **Stage 2: Systematic Sampling**

Within each cluster, a systematic sampling method was used to select households. Starting from a randomly chosen point within the cluster, every  $n$ th household was selected, where  $n$  was determined based on the total number of households and the required sample size from each cluster. This ensured that households will be evenly distributed across the clusters, allowing for a comprehensive representation of the community.

#### **Stage 3: Simple Random Sampling**

From the selected households in each cluster, simple random sampling was employed to choose individual participants. Each parent or guardian in the selected households was listed, and a

random number generator was used to select participants. This stage ensured that every eligible parent or guardian within the selected households had an equal chance of being included in the sample.

### **3.6 Instrument for Data Collection**

The instrument for data collection in this study was self-structured questionnaire. This was developed based on the objectives of the study. The questionnaire was made up of four sections with. Questions which were carefully drafted, sequenced and constructed in a bid to get in-depth information that is useful and relevant to the study was used.

**Section A:** consist of the demographic data of the participants (Age, Marital Status, Current Educational Level, Ethnicity).

**Section B:** Perception of influence of socio-economic status on paediatric health conditions

**Section C:** The influence of socio-economic status on paediatric health conditions

**Section D:** To identify the factors associated with low SES that contribute to poor health behaviors and outcomes

### **3.7 Validity of the Instrument**

The instrument's validity pertained to its capability to accurately measure the intended construct or concept (Surucu & Maslakci, 2020). Researchers assessed various validity types such as content, construct, criterion, and face validity to evaluate the instrument's accuracy. For this research, face and content validity was utilized to validate the research tool. The questionnaire

did undergo validation by both the project supervisor and a field expert, and necessary adjustments were implemented by the researcher before starting the main study.

### **3.8 Reliability of the Instrument**

The reliability of an instrument referred to its stability and consistency in delivering uniform outcomes when assessing the same criteria under identical circumstances (Surucu & Maslakci, 2020). It essentially gauged how consistently the instrument produced similar results across multiple trials. A reliable instrument is one that could produce the same results if the behavior was measured again by the same scale. The Cronbach's alpha reliability technique was employed in this study. This researcher conducted reliability testing on the instrument by distributing 38 questionnaires, which constituted 10% of the total sample size of 385, to parents/guardians who ward/child were admitted in University of Benin Teaching Hospstial (which were outside the sampled population). A coefficient of 0.71 was obtained so the instrument was considered reliable.

### **3.9 Method of Data Collection**

A well-structured questionnaire was administered to parents or guardians who meet the inclusion criteria until the required sample size of 385 participants was achieved. The participants were approached in their homes within the Ekosodin community on different days, following proper community engagement and obtaining necessary permissions from local leaders and stakeholders. The purpose of the study was clearly explained to the participants, and the questionnaire was administered by trained researchers. Data collection took take place during convenient hours to ensure maximum participation, and on-the-spot retrieval of the completed questionnaires was

conducted to ensure that all copies were collected on the same day. To facilitate participation, the researchers made multiple visits to households which was necessary. Data collection was expected to last for about three weeks, allowing ample time to reach the target sample size while accommodating the schedules of the participants. This method ensured a comprehensive and representative dataset for analyzing the influence of socio-economic status on pediatric health conditions in the Ekosodin community.

### **3.10 Method of Data Analysis**

The data collected was analyzed using the Statistical Package for the Social Sciences (SPSS) version 26.0. Descriptive statistics such as mean, frequency, and percentages were computed to summarize the data. Hypothesis testing was conducted using the Chi-square test of association, with the level of significance set at  $p < 0.05$ . The results of the analyses was presented using tables, graphs, frequencies, and percentages to provide a clear overview of the findings.

### **3.11 Ethical Considerations**

Ethical approval was obtained from the ethics and research committee of the Ovia North East LGA, Okada, Edo State. Permission will be obtained from the community chairman, to proceed with the research. Before data collection begun, participants received detailed explanations about the research's purpose, content, and implications. They were assured of confidentiality, ensuring the protection of their personal and private information. Throughout the research, ethical guidelines were strictly adhered to, including the following considerations:

1. Confidentiality: Respondents' information were treated confidentially, with no request for names or addresses in the questionnaire. Participants understood that their responses are

confidential and solely used for research purposes. No personal identifiers was used in any document or questionnaire to maintain anonymity.

2. Voluntary Participation: Participants were informed of their right to voluntary participation without facing penalties or bias. They could choose to withdraw or decline to provide information at any point if they feel uncomfortable or unsure.

3. Avoidance of Plagiarism: Proper citation of all authors used in the study were ensured, both within the content and in the reference page.

## **CHAPTER FOUR**

### **RESULTS**

This chapter deals with the representation of data collected from respondents on the perceived influence of socio-economic status on pediatric health conditions among residents of Ekosodin community, Edo State, Nigeria. A total of 385 questionnaires were distributed to parents or guardians of children and adolescents residing in the Ekosodin community, located in Benin City, Edo State, Nigeria out of which 366 was properly filled and valid for data analysis, giving a response rate of 95%.

**Table 4.1: Socio-demographic characteristics of respondents**

<b>Variable</b>	<b>Frequency (n = 366)</b>	<b>Percent (%)</b>
<b>Age</b>		
18-24 years	3	0.3
25-34 years	137	36.6
35-44 years	134	31.7
45-54 years	54	14.8
55 years and above	38	10.4
<b>Gender</b>		
Male	159	43.4
Female	207	56.6
<b>Marital Status</b>		
Single	63	17.2
Married	256	69.9
Divorced	22	6.0
Widowed	25	6.8
<b>Ethnicity</b>		
Edo	219	59.8
Yoruba	49	13.4
Igbo	71	19.4
Hausa	14	3.8
Other	13	3.6
<b>Highest Level of Education</b>		
None	13	3.6
Primary education	47	12.8
Secondary education	153	41.8
Tertiary education	114	31.1
Postgraduate education	39	10.7
<b>Employment Status</b>		
Employed full-time	157	42.9
Employed part-time	73	19.9
Unemployed	49	13.4
Self-employed	69	18.9
Retired	11	3.0
Other	7	1.9
<b>Monthly Income Level</b>		
Less than ₦300,000	341	93.2
₦300,000 - ₦500,000	17	4.6
₦510,000 - ₦700,000	5	1.4
Above ₦700,000	2	0.6
<b>Number of Children in the Household</b>		
None	13	3.6
1	53	14.5
2	121	33.1
3	94	25.7
4 or more	85	23.2
<b>Health Insurance</b>		
Yes	9	2.5
No	357	97.5

Table 4.1 presents the socio-demographic characteristics of 366 respondents. The majority were aged between 25-34 years (36.6%) and 35-44 years (31.7%). More than half of the respondents were female (56.6%) and married (69.9%). In terms of ethnicity, the predominant group was Edo (59.8%), followed by Igbo (19.4%) and Yoruba (13.4%). Educational attainment varied, with most respondents having secondary education (41.8%), while 31.1% had tertiary education, and 12.8% had completed primary education. Employment status showed that 42.9% were employed full-time, 19.9% part-time, and 18.9% self-employed. The vast majority of respondents (93.2%) earned less than ₦300,000 monthly. Family size data indicated that 33.1% of households had two children, while 25.7% had three children. Only a small fraction of respondents had health insurance coverage (2.5%), highlighting a low level of health insurance access among the population.

## Answering Research Questions

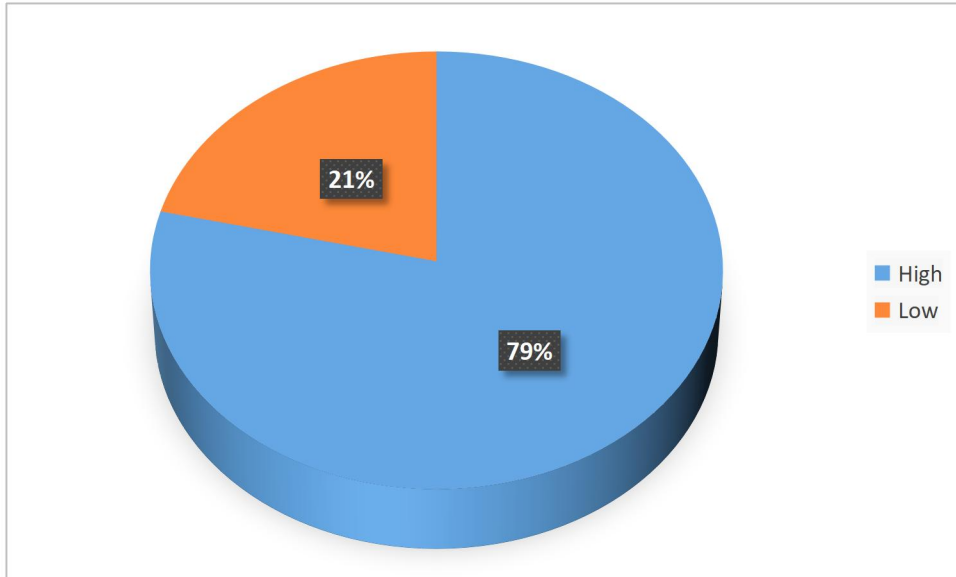
**Table 4.2: Perceived influence of socio-economic status on pediatric health outcome**

Items	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
Children from higher socio-economic backgrounds have better access to healthcare services in Ekosodin.	131 (35.8)	156 (42.6)	51 (13.9)	28 (7.6)	3.1	High
Parents with higher socio-economic status are more likely to be aware of and practice preventive healthcare measures for their children.	139 (38.0)	148 (40.5)	47 (12.8)	32 (8.7)	3.1	High
Socio-economic status significantly affects the quality of healthcare that children receive in Ekosodin.	150 (41.0)	142 (38.8)	43 (11.7)	31 (8.5)	3.1	High
Children from low socio-economic backgrounds are more likely to suffer from poor health conditions.	127 (34.7)	153 (41.8)	49 (13.4)	37 (10.1)	3.0	High
Parents' education level, as an indicator of socio-economic status, influences the health conditions of their children in Ekosodin.	143 (39.1)	149 (40.7)	42 (11.5)	32 (8.7)	3.1	High
Children from higher socio-economic backgrounds have better nutritional status compared to those from lower socio-economic backgrounds.	133 (36.3)	155 (42.3)	51 (13.9)	27 (7.4)	3.1	High
The living conditions associated with higher socio-economic status positively impact the health of children in Ekosodin.	137 (37.4)	152 (41.5)	48 (13.1)	29 (7.9)	3.1	High
<b>Grand Mean</b>					3.1	

### Mean Cut-off = 2.5

Table 4.2 highlights respondents' perceptions of the impact of socio-economic status on pediatric health in Ekosodin. Most respondents agreed that children from higher socio-economic

backgrounds have better access to healthcare (78.4%) and benefit from parents' increased awareness and practice of preventive measures (78.5%). Additionally, 79.8% agreed that socio-economic status significantly affects healthcare quality for children, with a notable perception (76.5%) that children from lower socio-economic backgrounds face higher health risks. Furthermore, 79.8% felt that parents' educational levels influenced their children's health, while 78.6% believed that children from higher socio-economic backgrounds enjoy better nutrition. Positive living conditions associated with socio-economic advantages were also seen as beneficial, with 78.9% agreeing. The grand mean of 3.1 reflects a high consensus on the impact of socio-economic status on pediatric health.



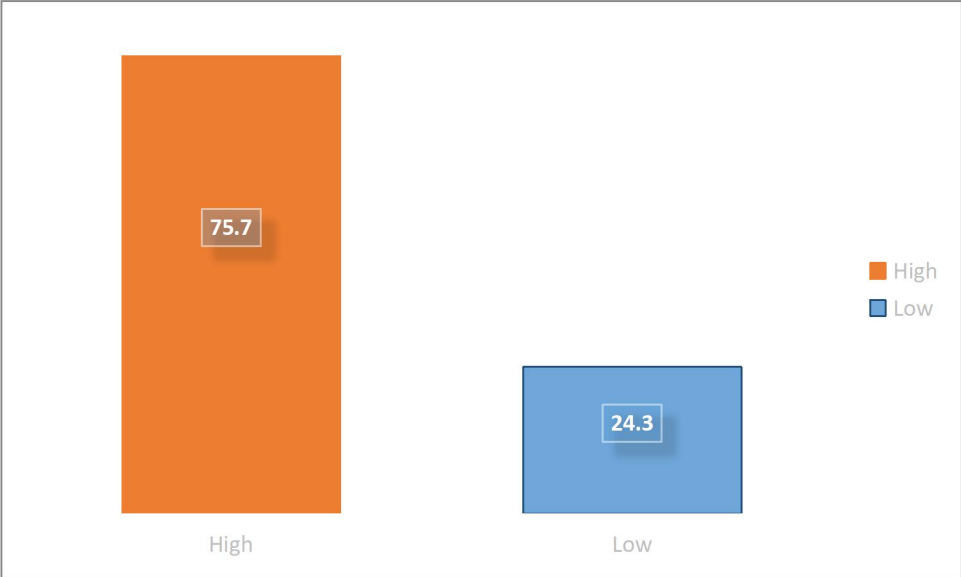
**Figure 4.1: Pie chart showing perception of influence of socio-economic status on pediatric health outcome.**

The pie chart shows that 288 (78.7%) respondents perceive a high impact of socio-economic status on pediatric health conditions, while 78 (21.3%) perceive the impact as low.



**Mean Cut-off = 2.5**

Table 4.3 summarizes respondents' views on the impact of low socio-economic status (SES) on pediatric health outcomes. A majority indicated that low SES has a high impact on children's overall health, with 75.9% attributing high or moderate influence on health outcomes, including prevalence of chronic conditions (75.3%), incidence of preventable diseases (75.9%), and access to essential health services (76.2%). Similarly, 75.1% perceived that low SES affects nutritional adequacy, while 74.8% felt it impacts mental health and emotional well-being. Additionally, 75.4% associated low SES with reduced quality of healthcare services, and 75.4% felt it impacts the effectiveness of health education programs. The grand mean of 3.0 underscores a consistent perception of high impact across these factors.



**Figure 4.2: Bar chart showing influence of socio-economic status on pediatric health outcome**

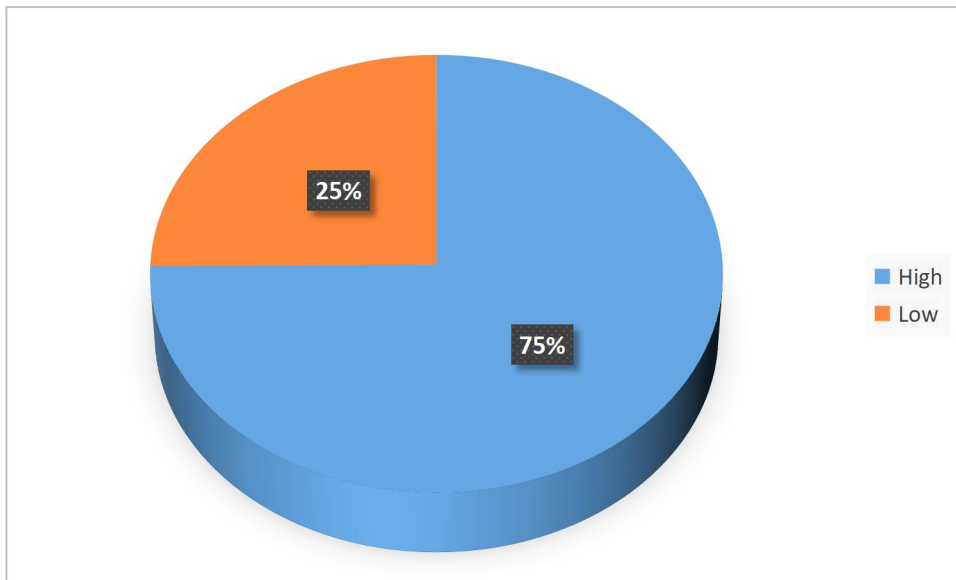
The bar chart shows that 277 respondents (75.7%) perceive a high impact of socio-economic status on pediatric health conditions, while 89 respondents (24.3%) perceive the impact as low.

**Table 4.4: Factors associated with low socio-economic status that contribute to poor health behaviors and outcomes among parents of children**

Items	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Remark
I believe that low socio-economic status contributes significantly to poor health behaviors among children in my community.	120 (32.8)	150 (41.0)	60 (16.4)	36 (9.8)	3.0	High
Factors associated with low socio-economic status, such as inadequate access to education and healthcare, significantly impact children's health outcomes.	138 (37.7)	140 (38.3)	55 (15.0)	33 (9.0)	3.0	High
Poor housing conditions linked to low socio-economic status negatively affect the physical health of children.	125 (34.2)	145 (39.6)	60 (16.4)	36 (9.8)	3.0	High
Inadequate parental support due to low socio-economic status is a major factor in the poor health of children.	132 (36.1)	142 (38.8)	58 (15.8)	34 (9.3)	3.0	High
Limited access to healthy food options due to low socio-economic status leads to negative health outcomes in children.	140 (38.3)	136 (37.2)	54 (14.8)	36 (9.8)	3.0	High
Children from low socio-economic backgrounds are more likely to engage in harmful health behaviors compared to those from higher socio-economic backgrounds.	128 (35.0)	143 (39.1)	61 (16.7)	34 (9.3)	3.0	High
The lack of financial resources associated with low socio-economic status hinders effective health interventions for children.	137 (37.4)	139 (38.0)	55 (15.0)	35 (9.6)	3.0	High
Low socio-economic status is a key determinant of reduced access to preventive healthcare services for children.	130 (35.5)	148 (40.4)	53 (14.5)	35 (9.6)	3.0	High
				Grand Mean	3.0	

**Mean Cut-off = 2.5**

Table 4.4 highlights the strong association between low socio-economic status (SES) and poor health behaviors and outcomes among children in the community. A majority of respondents agreed or strongly agreed that low SES significantly contributes to poor health behaviors in children (73.8%), inadequate education and healthcare access (76%), and poor physical health due to substandard housing (73.8%). Limited parental support (74.9%), restricted access to healthy food (75.5%), and increased likelihood of harmful health behaviors (74.1%) were also attributed to low SES. Additionally, 75.4% noted that financial constraints hinder health interventions, while 75.9% linked low SES to reduced access to preventive healthcare. The grand mean of 3.0 reflects a consensus on the high impact of SES-related factors on pediatric health.



**Figure 4.3: Pie chart showing factors associated with low socio-economic status that contribute to poor health behaviors and outcomes among parents of children**

The pie chart illustrates that 274 respondents (74.9%) believe that factors associated with low socio-economic status contribute significantly to poor health behaviors and outcomes among

parents of children, whereas 92 respondents (25.1%) perceive these factors as having a low influence.

### Testing of hypothesis

H0: There is no significant relationship between the socio-economic status and the paediatric health conditions among residents of the Ekosodin community in Benin City, Edo State, Nigeria

**Table 4.5: Relationship between the socio-economic status and the Influence of socio-economic status on pediatric health outcome among residents of the Ekosodin community in Benin City, Edo State, Nigeria**

Socio-economic status	Influence of socio-economic status on pediatric health outcome		Test Statistics ( $\chi^2$ )	df	P value	Decision
	High	Low				
High	26(39.6)	98(83.4)	4.682	1	0.03	Rejected
Low	99 (66.8)	16 (24.2)				

Table 4.5 delves into the connection between socio-economic status (SES) and its influence on pediatric health outcomes in Ekosodin, Benin City, Edo State, Nigeria. The statistical test conducted yielded a  $\chi^2$  (chi-square) value of 4.682 with a degree of freedom of 1. Crucially, the p-value of 0.03 indicates statistical significance, leading to the rejection of the null hypothesis. This suggests that socio-economic status has a measurable and significant influence on pediatric health outcomes among residents of the Ekosodin community in Benin City, Edo State, Nigeria

## CHAPTER FIVE

### DISCUSSION OF FINDINGS

This chapter discusses the major findings of the research compared with the literature reviewed, the implication for nursing, summary, conclusion, Recommendations and Suggestions for further Studies.

#### 5.1. Discussion of major Findings

The study assessed the perceived influence of socio-economic status on pediatric health conditions among residents of Ekosodin community, Edo State, Nigeria. The socio-demographic characteristics of the respondents reveal important patterns that provided context for understanding the relationship between socio-economic status and pediatric health conditions. These findings align with and complement previous research in this area. The majority of respondents were in their prime parenting years, with 36.6% aged 25-34 years and 31.7% aged 35-44 years. This age distribution aligns with Ngandu et al.'s (2020) study population, which focused on parents actively involved in child-rearing. The gender distribution showed a slight female predominance (56.6%), consistent with Best et al.'s (2020) observation that mothers are often primary caregivers and healthcare decision-makers. The high proportion of married respondents (69.9%) and households with multiple children (82% having 2 or more children) reflects the traditional family structure observed in Adesuyi et al.'s (2021) Nigerian study. This family composition has implications for resource distribution and healthcare access, as noted by Poulain et al. (2020). While 41.8% had secondary education and 41.8% had tertiary or postgraduate education, the employment patterns showed varied economic stability with 42.9%

in full-time employment. This educational distribution mirrors the socio-economic gradients observed in De Buhr and Tannen's (2020) research on health literacy and child health outcomes. A striking finding is that 93.2% of respondents earned less than ₦300,000 monthly, and only 2.5% had health insurance coverage. This aligns with Verlinden et al.'s (2020) findings on healthcare access disparities, particularly in settings without universal health coverage. The low insurance coverage rate is particularly concerning given Hamad et al.'s (2020) findings on the relationship between healthcare access and child health outcomes. The predominance of Edo ethnicity (59.8%) reflects the study's location, with significant representation from other major Nigerian ethnic groups. This demographic pattern is similar to Vincent et al.'s (2021) study on maternal and child health in Nigeria, which emphasized the importance of considering cultural and ethnic factors in healthcare access and utilization. These demographic characteristics, particularly the low income levels and minimal health insurance coverage, support Fang et al.'s (2021) findings on the relationship between socio-economic factors and child health outcomes. The high proportion of households with multiple children, combined with limited financial resources and healthcare access, creates conditions that could significantly impact pediatric health, as documented in various studies in the literature review. The demographic profile suggests a population that may face significant challenges in accessing quality healthcare for children, particularly given the economic constraints and lack of health insurance coverage. These findings provide crucial context for understanding the broader implications of socio-economic status on pediatric health conditions in the study area.

## **Perceived influence of socio-economic status on pediatric health conditions**

The findings regarding the perception of socio-economic status's influence on pediatric health conditions strongly align with previous empirical studies. The majority of respondents (78.7%) perceived a high impact of socio-economic status on pediatric health conditions, which corresponds with findings from multiple studies in the literature review. This perception aligns with Poulain et al.'s (2020) findings, which demonstrated that higher socio-economic status was associated with better overall health outcomes in children. The respondents' high agreement (78.4%) that children from higher socio-economic backgrounds have better access to healthcare services mirrors the healthcare disparities observed in various studies. The strong perception (78.5%) that parents with higher socio-economic status are more likely to practice preventive healthcare measures supports De Buhr and Tannen's (2020) findings on the relationship between parental health literacy and children's health outcomes. Similarly, the high agreement (79.8%) regarding socio-economic status's impact on healthcare quality reflects the disparities documented by Best et al. (2020) in their systematic review. The respondents' perception (76.5%) that children from low socio-economic backgrounds are more prone to poor health conditions aligns with Adesuyi et al.'s (2021) findings on malnutrition rates among children from poorer households. The high agreement (79.8%) about parents' education level influencing children's health conditions corresponds with Ngandu et al.'s (2020) findings on the significance of maternal education in child health outcomes. The perception (78.6%) that children from higher socio-economic backgrounds have better nutritional status is consistent with Bommer et al.'s (2020) analysis of stunting rates across different socio-economic quartiles. Finally, the high agreement (78.9%) about living conditions' impact on child health aligns with Verlinden et al.'s

(2020) findings on how socio-economic disparities affect health outcomes even in systems with universal healthcare coverage. With a grand mean of 3.1 (above the 2.5 cut-off), these perceptions consistently indicate a strong recognized relationship between socio-economic status and pediatric health conditions, validating the findings from previous empirical studies across different contexts and populations.

### **Influence pact of socio-economic factors such as income, education, and occupation on the health of children**

The findings regarding the influence of socio-economic status (SES) on pediatric health conditions reveal substantial agreement with previous empirical research. A significant majority (75.7%) of respondents perceived a high impact of SES on pediatric health conditions, which aligns closely with the literature. The high perception (75.9%) of low SES affecting overall health outcomes corresponds with Poulain et al.'s (2020) comprehensive study, which demonstrated strong associations between SES and various health parameters in children. The significant influence (75.3%) perceived regarding chronic health conditions aligns with Best et al.'s (2020) systematic review, which found higher mortality rates among children with congenital heart disease from lower SES backgrounds. The strong agreement (75.9%) about low SES contributing to preventable diseases mirrors Vincent et al.'s (2021) findings on socio-economic determinants of maternal and child health in Nigeria. The high perception (76.2%) of SES impacting access to essential health services is consistent with Verlinden et al.'s (2020) research, which showed persistent health disparities even in systems with universal healthcare coverage. Respondents' recognition (75.1%) of SES affecting nutritional availability strongly aligns with Adesuyi et al.'s (2021) findings on malnutrition rates among children from lower

socio-economic backgrounds, and Bommer et al.'s (2020) analysis of stunting rates across different socio-economic quartiles. The high agreement (74.8%) about SES impacting mental health and emotional well-being reflects the broader health implications documented in various studies. The perception (75.4%) of SES influencing healthcare service quality corresponds with Ngandu et al.'s (2020) systematic review findings on adverse birth and infant growth outcomes. Finally, the high agreement (75.4%) about SES affecting health education program effectiveness aligns with De Buhr and Tannen's (2020) research on the relationship between parental health literacy and children's health outcomes. With a grand mean of 3.0 (above the 2.5 cut-off), these findings consistently demonstrate that respondents recognize the substantial impact of SES on various aspects of pediatric health. This comprehensive understanding reflects the multifaceted nature of SES's influence on child health outcomes documented in previous empirical studies, emphasizing the need for interventions that address both direct health care access and broader socio-economic factors affecting child health. This strong alignment between respondent perceptions and empirical evidence suggests a well-informed understanding of how SES shapes pediatric health outcomes, potentially facilitating more effective community-based interventions and policy measures to address these health disparities.

### **Factors associated with low SES that contribute to health behaviors and outcomes among children and adolescents**

The findings regarding factors associated with low socio-economic status (SES) that contribute to poor health behaviors and outcomes demonstrate strong alignment with previous research. A significant majority (74.9%) of respondents recognized these factors as having a substantial impact on children's health behaviors and outcomes. The high agreement (73.8%) that low SES

contributes to poor health behaviors aligns with Poulain et al.'s (2020) findings, which demonstrated how SES influences lifestyle behaviors including nutrition and physical activity. This perception is further supported by Gomes et al.'s (2020) research, which found direct correlations between SES and health behaviors such as oral hygiene practices. The strong recognition (76%) of inadequate access to education and healthcare as significant factors corresponds with Hamad et al.'s (2020) computer simulation study, which showed that SES-related factors account for 60% of excess health burden beyond traditional risk factors. The perception (73.8%) that poor housing conditions affect children's physical health reflects the environmental aspects of SES discussed in various studies. Respondents' high agreement (74.9%) about inadequate parental support aligns with Fang et al.'s (2021) systematic review findings on parenting self-efficacy, which identified household income and social support as crucial factors affecting child well-being. The perception (75.5%) of limited access to healthy food options contributing to negative health outcomes is consistent with Adesuyi et al.'s (2021) findings on malnutrition rates in socioeconomically disadvantaged families. The belief (74.1%) that children from low SES backgrounds are more likely to engage in harmful health behaviors corresponds with De Buhr and Tannen's (2020) research linking parental health literacy and children's health behaviors. The high agreement (75.4%) about lack of financial resources hindering effective health interventions reflects Best et al.'s (2020) findings on mortality rates among children with congenital heart disease. Finally, the strong perception (75.9%) that low SES determines reduced access to preventive healthcare services aligns with Verlinden et al.'s (2020) research showing persistent health disparities even in systems with universal coverage. With a grand mean of 3.0 (above the 2.5 cut-off), these findings consistently indicate that respondents recognize the multiple pathways through which low SES affects child health outcomes, validating the complex

relationships documented in previous empirical studies. This understanding of the multifaceted nature of SES's impact on child health aligns with the broader literature's emphasis on addressing both direct and indirect pathways of influence.

## **5.2 Implication to nurses**

The insights into how socio-economic status (SES) affects pediatric health outcomes offer profound implications for nurses who work closely with children and families from diverse backgrounds. Recognizing the strong link between SES and health disparities highlights the importance of an approach to nursing that addresses more than just clinical symptoms; it requires an understanding of the broader socio-economic factors that shape patients' lives. Nurses are uniquely positioned to advocate for patients and their families, and they can champion policies aimed at reducing health inequities. By educating families on preventive healthcare practices, nurses can empower caregivers with the knowledge to make decisions that positively impact their children's well-being, regardless of their financial background. Additionally, providing culturally competent care that acknowledges the unique challenges faced by families in low SES brackets is essential in building trust and promoting better health outcomes. Involvement in the community also becomes a key part of the nurse's role. Connecting families to local resources can bridge gaps in healthcare access, particularly for those facing financial constraints. Nurses can work alongside community organizations to facilitate access to health education and preventive services tailored to the needs of at-risk groups. Conducting holistic assessments that account for socio-economic influences allows nurses to identify specific barriers that families may face in accessing quality care. This understanding enables the nurse to deliver personalized care and interventions that are relevant to each family's circumstances. Furthermore, by actively

participating in research on SES and health outcomes, nurses contribute valuable insights that inform evidence-based practice and shape policies aimed at reducing health disparities.

As healthcare providers who frequently interact with patients across socio-economic backgrounds, nurses play an essential role in promoting equity in pediatric health. By understanding and addressing the impact of SES on health, they can work towards creating a healthcare environment where all children have the opportunity for better health outcomes.

### **5.3 Summary**

The relationship between socio-economic status (SES) and pediatric health highlights key roles for nurses in addressing health disparities. By advocating for policies that mitigate these disparities, educating families on preventive health practices, and delivering culturally competent, holistic care, nurses can help bridge gaps in healthcare access for children from lower SES backgrounds. Engagement with community resources and participation in research are essential for building support systems and shaping evidence-based policies that promote health equity. Through these actions, nurses can improve health outcomes for vulnerable pediatric populations and support a more equitable healthcare environment for all children.

### **5.4 Conclusion**

Understanding the influence of socio-economic status (SES) on pediatric health outcomes reinforces the critical role of nurses in promoting health equity. Nurses, as advocates, educators, and care providers, are instrumental in bridging healthcare disparities by addressing the broader socio-economic factors that impact child health. Through culturally competent, community-centered, and holistic approaches, nurses can empower families, support vulnerable populations,

and advocate for systemic changes that ensure all children receive equitable healthcare opportunities. By recognizing and responding to the multifaceted challenges associated with SES, nurses contribute not only to improved individual health outcomes but also to the broader goal of creating a fairer, more inclusive healthcare system for future generations.

### **5.5 Limitations of study**

While this study provides valuable insights into the perceived influence of socio-economic status (SES) on pediatric health outcomes, certain limitations should be considered. First, the reliance on self-reported data may introduce response biases, as participants may consciously or unconsciously overestimate or underestimate the effects of SES based on personal beliefs or experiences. Additionally, the study's cross-sectional design restricts causal interpretations; it only captures perceptions at a single point in time, limiting the ability to assess changes in perceptions or behaviors over time.

Another limitation is the potential lack of generalizability. The sample may not represent all socio-economic or cultural groups, particularly those with unique social or healthcare challenges. Furthermore, the study may not account for all contextual factors influencing SES, such as regional disparities in healthcare access or varying definitions of socio-economic indicators. Finally, while the study aligns with empirical research, it does not incorporate longitudinal or experimental data, which could provide a more comprehensive understanding of SES influences on pediatric health over time.

Addressing these limitations in future research would enhance the study's robustness and provide a more detailed picture of the relationship between SES and pediatric health outcomes.

## 5.6 Recommendations

Based on the findings of this study, several recommendations can be made to address the impact of socio-economic status (SES) on pediatric health outcomes effectively:

- **Enhanced Health Education:** Healthcare institutions should provide targeted health education programs to families from lower SES backgrounds. Such programs can focus on preventive care, nutrition, and general wellness, empowering parents with the knowledge to improve their children's health.
- **Community-Based Initiatives:** Collaboration with local organizations can help create accessible health services for disadvantaged communities. Nurses and healthcare providers can work with these organizations to offer regular screenings, immunizations, and wellness check-ups for children in underserved areas.
- **Policy Advocacy for Health Equity:** Healthcare professionals and organizations should advocate for policies that address social determinants of health. Policies aimed at reducing healthcare costs, improving access to quality care, and supporting low-income families could help mitigate the impact of SES on child health.
- **Cultural Competence Training for Nurses:** Providing nurses with training in cultural competence and socio-economic awareness can improve patient interactions and support tailored care for diverse populations. This approach fosters a healthcare environment that respects and understands each family's unique circumstances.
- **Research and Data Collection:** Ongoing research into the effects of SES on pediatric health is essential to deepen understanding and inform future interventions. Longitudinal

studies, in particular, can offer insights into how SES impacts child health outcomes over time, guiding evidence-based strategies.

- **Integrated Support Systems:** Establishing multidisciplinary support systems within healthcare settings, including social workers, nutritionists, and community health educators, can provide families with a comprehensive care approach. These systems would address both medical and socio-economic challenges, promoting more sustainable health improvements for children.

Implementing these recommendations can enhance nurses' roles in supporting vulnerable populations and contribute to a more equitable healthcare landscape, ensuring that children's health outcomes are less influenced by socio-economic disparities.

### **5.7 Suggestion for Further study**

- **Longitudinal Studies on SES and Pediatric Health:** Conduct studies that track the long-term effects of socio-economic status on pediatric health outcomes across different developmental stages.
- **Regional and Cultural Variations:** Investigate how SES influences child health in various regions and cultural settings to better tailor interventions to specific communities.
- **Effectiveness of Interventions:** Evaluate targeted interventions (e.g., community-based health education, nutritional support programs, policy changes) in controlled settings to identify best practices for mitigating the effects of low SES on child health.

- **Impact of Specific SES Factors:** Examine how individual components of SES—such as income, parental education, and occupation—uniquely impact health behaviors and outcomes among children and adolescents.
- **Expanded Population Samples:** Include diverse populations from different socioeconomic backgrounds and regions to enhance the generalizability of findings and broaden understanding of SES-related health disparities.
- **Role of Multidisciplinary Support Systems:** Study the impact of integrated healthcare approaches that involve social workers, nutritionists, and community health educators in supporting families from low SES backgrounds.

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**APPENDIX**  
**QUESTIONNAIRE**  
**DEPARTMENT OF NURSING SCIENCES**  
**SCHOOL OF BASIC MEDICAL SCIENCES**  
**UNIVERSITY OF BENIN,**  
**BENIN CITY, EDO**

Dear Respondent,

I am a 500level student of the department of Nursing in the above-named institution. I am carrying out a research study on the topic; “the perceive influence of socio-economic status on paediatric health conditions among residents of the Ekosodin community in Benin City, Edo State, Nigeria”. Please kindly assist me by indicating your opinion where necessary

Yours faithfully,

**Instruction:** please do not write your name, provide and tick the appropriate answer.

**Section A Socio-Demographic Data**

1. **Age:** Age of the parent/guardian: 18-24 years ( ) 25-34 years ( ) 35-44 years ( ) 45-54 years ( ) 55 years and above ( )
2. **Gender:** Male ( ) Female ( )
3. **Marital Status:** Single ( ) Married ( ) Divorced ( ) Widowed ( )
4. **Ethnicity:** Edo ( ) Yoruba ( ) Igbo ( ) Hausa ( ) Other, specify.....
5. **Highest Level:** None ( ) Primary education ( ) Secondary education ( ) Tertiary education ( ) Postgraduate education ( )
6. **Employment Status:** Employed full-time ( ) Employed part-time ( ) Unemployed ( ) Self-employed ( ) Retired ( ) Other ( )
7. **Monthly income Level:** Less than ₦ 300,000 ( ) ₦300,000 - ₦500,000 ( ) ₦510,000 - ₦700,000 ( ) Above ₦700,000 ( )
8. **Number of children in the household:** None ( ) 1 ( ) 2 ( ) 3 ( ) 4 or more ( )
9. **Health Insurance:** Yes ( ) No ( )

**Section B: Perception of the influence of socio-economic status on paediatric health conditions among parents of children (0-12 years)**

<b>s/n</b>	<b>Items</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1.	Children from higher socio-economic backgrounds have better access to healthcare services in the Ekosodin community.				
2.	Parents with higher socio-economic status are more likely to be aware of and practice preventive healthcare measures for their children.				
3.	Socio-economic status significantly affects the quality of healthcare that children receive in the Ekosodin community.				
4.	Children from low socio-economic backgrounds are more likely to suffer from poor health conditions.				
5.	Parents' education level, as an indicator of socio-economic status, influences the health conditions of their children in the Ekosodin community.				
6.	Children from higher socio-economic backgrounds have better nutritional status compared to those from lower socio-economic backgrounds.				
7.	The living conditions associated with higher socio-economic status positively influence the health of children in the Ekosodin community				

**Section C: The influence of socio-economic status on paediatric health conditions among parents of children (0-12 years)**

<b>s/n</b>	<b>Items</b>	<b>High impact</b>	<b>Moderate impact</b>	<b>Slight impact</b>	<b>No impact</b>
8.	To what extent does low socio-economic status affect the overall health outcomes of children in your community?				
9.	How significantly does low socio-economic status influence the prevalence of chronic health conditions among children in your community?				
10.	In your opinion, how much does low socio-economic status contribute to the incidence of preventable diseases in children?				
11.	How influential is low socio-economic status on children's access to essential health services in your community?				
12.	To what extent does low socio-economic status affect the availability of adequate nutrition for children in your community?				
13.	How significantly does low socio-economic status influence the mental health and emotional well-being of children?				
14.	In your view, how much does low socio-economic status influence the quality of healthcare services received by children?				
15.	To what degree does low socio-economic status affect the effectiveness of health education programs for children in your community?				

**Section D: Factors associated with low socio-economic status that contribute to poor health behaviors and outcomes among parents of children (0-12 years)**

<b>s/n</b>	<b>Items</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
16.	I believe that low socio-economic status contributes significantly to poor health behaviors among children in my community.				
17.	Factors associated with low socio-economic status, such as inadequate access to education and healthcare, significantly impact children's health outcomes.				
18.	Poor housing conditions linked to low socio-economic status negatively affect the physical health of children.				
19.	Inadequate parental support due to low socio-economic status is a major factor in the poor health of children.				
20.	Limited access to healthy food options due to low socio-economic status leads to negative health outcomes in children.				
21.	Children from low socio-economic backgrounds are more likely to engage in harmful health behaviors compared to those from higher socio-economic backgrounds.				
22.	The lack of financial resources associated with low socio-economic status hinders effective health interventions for children.				
23.	Low socio-economic status is a key determinant of reduced access to preventive healthcare services for children				

## RELIABILITY OF INSTRUMENT

### Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
0.71	0.70	23

### Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Children from higher socio-economic backgrounds have better access to healthcare services in the Ekosodin community.	53.4931	15.077	-.047	.701
Parents with higher socio-economic status are more likely to be aware of and practice preventive healthcare measures for their children.	54.1111	15.302	.204	.210
Socio-economic status significantly affects the quality of healthcare that children receive in the Ekosodin community.	53.4167	15.126	-.061	.185
Children from low socio-economic backgrounds are more likely to suffer from poor health conditions.	87.3188	27.590	-.123	.099
Parents' education level, as an indicator of socio-economic status, influences the health conditions of their children in the Ekosodin community.	87.4813	26.138	.053	.092
Children from higher socio-economic backgrounds have better nutritional status compared to those from lower socio-economic backgrounds.	53.4931	15.077	-.047	.565
The living conditions associated with higher socio-economic status positively influence the health of children in the Ekosodin community	53.2986	14.141	.055	.196

To what extent does low socio-economic status affect the overall health outcomes of children in your community?				
How significantly does low socio-economic status influence the prevalence of chronic health conditions among children in your community?	87.3188	27.590	-.123	.099
In your opinion, how much does low socio-economic status contribute to the incidence of preventable diseases in children?	87.4813	26.138	.053	.092
How influential is low socio-economic status on children's access to essential health services in your community?	53.4931	15.077	-.047	.165
To what extent does low socio-economic status affect the availability of adequate nutrition for children in your community?	87.2313	27.034	-.044	.078
How significantly does low socio-economic status influence the mental health and emotional well-being of children?	87.3188	27.590	-.123	.099
In your view, how much does low socio-economic status influence the quality of healthcare services received by children?	87.3188	27.590	-.123	.099
To what degree does low socio-economic status affect the effectiveness of health education programs for children in your community?	87.4813	26.138	.053	.092
I believe that low socio-economic status contributes significantly to poor health behaviors among children in my community.	53.4931	15.077	-.047	.165
Factors associated with low socio-economic status, such as inadequate access to education and healthcare, significantly impact children's health outcomes.	87.4500	25.582	.125	.071
Poor housing conditions linked to low socio-economic status negatively affect the physical health of children.	87.3188	27.590	-.123	.099
Inadequate parental support due to low socio-economic status is a major factor in the poor health of children.	87.4813	26.138	.053	.092
Limited access to healthy food options due to	87.3188	27.590	-.123	.099

low socio-economic status leads to negative health outcomes in children.				
Children from low socio-economic backgrounds are more likely to engage in harmful health behaviors compared to those from higher socio-economic backgrounds.	87.4813	26.138	.053	.092
The lack of financial resources associated with low socio-economic status hinders effective health interventions for children.				
Low socio-economic status is a key determinant of reduced access to preventive healthcare services for children	87.3188	27.590	-.123	.099

**Comment:** The reliability analysis using Cronbach's Alpha, yielding a result of 0.71, for the overall scale. Additionally, the Cronbach's Alpha of 0.52 when the items are standardized. These values suggest a good level of internal consistency among the items in this scale.



**OVIA NORTH EAST LOCAL HEALTH AUTHORITY**  
**PRIMARY HEALTH CARE DEPARTMENT**  
**OKADA**

Our Ref: ONELG/MR/0941  
Your Ref: \_\_\_\_\_

Date: 03/02/2025

**Miss Enuma Blessing Chimdindu**  
**Department of Nursing Science,**  
**School of Basic Medical Sciences,**  
**University of Benin.**


**LETTER OF ETHICAL APPROVAL**

I write to convey the approval of Ovia North East Local Government Area to carry out the research titled "**Perceived Influence of Socio-Economic Status on Pediatric Health Outcome among Residents of Ekosodin Community, Edo State, Nigeria**". It is the belief of the Local Government that this study can be used to enhance Perceived Influence of Socio-Economic Status on Pediatric Health Outcome in the Community, Local Government Area and Edo State at large.

The Local Government will appreciate if the result and recommendations of this study is shared with relevant stakeholders at the end of the exercise.

Congratulations.

Yours sincerely,

  
Dr Jude Erhunmwunsee (Bsc, MBBS)  
Medical Officer of Health,  
Ovia North East Local Health Authority  
Okada.

