EFFECT OF SOCIO ECONOMIC STATUS (SES) ON FOOT LENGTH, PALM LENGTH, AND MID-FINGER LENGTH OF SCHOOL GOING CHILDREN (8-10 YEARS OLD) IN MUMBAI.

# ABSTRACT:

Aims: To Study the effect of Socioeconomic status (SES) of foot length, palm length and mid finger length on School going Children (Age:-8-10 years) in Mumbai city.

Study design: A survey research design was adopted for measurement and data collection. Foot length was analysed by Standardized measuring tape, Palm length and mid-finger length was analyzed by Calliper, Height (cm)was analysed by stadiometer. The unit of measurement used was centimetre (cm). SES was coded according to Kuppuswamy scale (2018).

Place and Duration of Study: The time span required to carry out study was from November to March 2018-2019 in Mumbai city.

Methodology: Total 319 subjects (male & female) participated ranging from public to private schools in Mumbai city, (Maharashtra, India). Kuppuswamy scale (2018) was used to analyse the SES of the subjects. SPSS software version 20 was used for data analysis.

Results: A positive striking correlation was observed between height and different socio economic status at p <0.05 (.001). Maximum height was found among upper class (129.58±6.88), further the lowest mean value of height (124.00 ± 6.34) was noted among the upper lower class. However, foot length and mid-finger length showed highly significant difference statistically at p <0.05 (.000). Although the maximum foot length was found among upper lower class (3.0287± 0.33), further the lowest mean value of foot length (1.0599 ± 0.40), was noted among the lower class and also, higher treatment value (6.195± 0.60) for mid-finger length was found amongst the upper middle class and lower treatment value amongst lower class (5.700 ± 0.34). Moreover, a significant correlation was observed between palm length and Socio-economic status at p <0.05 (.019). Also, the highest statistical association of the palm length to the Socio-economic status of the samples (9.412±3.72) was observed among Upper lower class (7.757 ± 0.82) category.

Keywords: SES, Palm length, Foot length, Mid-finger length, Kuppuswamy scale, Stadiometer.

#### **1. INTRODUCTION**

Growth – the vital process is measured by measuring the height of a person, which itself is a sum of the length of certain bones and appendages of the body represent certain relationship with form of proportions to the total stature. There is always particular interest amongst anthropologists to assess the height of an individual from measurement of different parts of the body and bones.

As areas of the developing world continue to go through the transition to modernize economies, they commonly experience a growing divide within their societies. This divide is often measured by the inequality in income, material wealth, and health (Houweling and Kunst, 2009; Karlsson et al., 2010; Stuckler et al., 2010).

Childhood wasting is a global problem and is significantly more pronounced in low and middle income class people among the countries. Socio Economic Status (SES) may be significantly associated with wasting (Mohammad et al 2017). It has been linked as both a mediator and fundamental cause of variation in human health outcomes in a variety of settings (Barros et al., 2013; Cameron, 1991; Cameron and Williams, 2009).

Malnutrition, especially under-nutrition, is a major health problem affecting the development of children in many low- and middle-income countries (WHO, 2000).

In 1992 Salive et al. determined the relationship of haemoglobin levels and anemia with age and health status in older adults. Hematologic tests were obtained from 3,946 adults aged more than 71 years in three communities (East Boston, MA; lowa and Washington counties, IA; and New Haven, CT). The results showed that Hemoglobin level was inversely associated with age, although this was more pronounced in men than in women. The proportion of anaemic was equal for men and women aged 71-74 years (8.6%) and proportion was found to be increased differentially with age, reaching 41% and 21% for men and women aged more than 90 years, respectively. Hemoglobin and anaemia were independently associated with age, race, body-mass index, smoking, cancer, hospitalization, renal insufficiency, and hypoalbuminemia. Further author concluded that age was significantly associated with both hemoglobin levels and anemia, with a stronger effect in men as compared to women, even after simultaneously adjusting for demographic characteristics and health status. The decline of hemoglobin and concomitant increase anemia with age was not necessarily a result of "normal aging" so the detection of anemia in an older person might promptly appropriate clinical attention. Nutritional status plays a key role in determining the health of individual. The children in rural areas had a poorer nutritional status than the children in urban areas had. The causes of malnutrition are many and complex, and they are determined by different factors at various levels of the society.

In 1995, Hallund et al. conducted study, purpose of study was to analyse the associations between the food variety score (FVS), dietary diversity score (DDS) and nutritional status of children, and to assess the associations between FVS, DDS and socioeconomic status (SES) on a household level. The study also assessed urban and rural differences in FVS and DDS. Three hundred and twenty-nine urban and 488 rural households with 526 urban and 1789 rural children aged 6-59 months in Koutiala County, Sikasso Region, Mali participated. It included a simplified food frequency questionnaire on food items used in the household the previous day. A socioeconomic score was generated, based on possessions in the households. Weight and height were measured for all children aged 6-59 months in the households, and anthropometric indices were generated. Children from urban households with a low FVS or DDS had a doubled risk for being stunted and underweight. Those relations were not found in the rural area. There was an association between SES and both FVS and DDS on the household level in both areas. The FVS and DDS in urban households with the lowest SES were higher than the FVS and DDS among the rural households with the highest SES. It was concluded that food variety and dietary diversity was found to be associated with nutritional status (weight/age and height/age) of children in heterogeneous communities. In rural areas, however, this association could not be shown. Socioeconomic factors seemed to be important determinants for FVS and DDS both in urban and rural areas. Final Body height was achieved as a result of the combination of genetic and environmental factors. Children living in poverty environments face barriers to optimal growth and development. Socioeconomic circumstances that often correlated with poverty resulted in children at risk along were number of pathways. For example, low income may limit access to quality housing, diet, and healthcare, increasing risk of poor health and nutrition, which in turn affect growth and development. Employment status and other socioeconomic measures which were often glossed as socioeconomic status (SES), e.g., educational attainment and occupation, might further impose economic and social hardship and also increase risk for children.

The present study was an attempt to determine the effect of socio economic status on foot length, palm length and mid finger length in developing area of Mumbai, India. The foot length, palm length and mid finger length are major indicators for measuring height and even actually growth of an individual.

SES of an individual subjects were assessed by questionnaire, although data was individually extracted by the researcher so, chances of wrong data are less. The five classes of SES mentioned in study were upper class, upper middle class, lower middle class, upper lower class, lower class. Ethical committee approved this study and also consent of individual subject was taken in consideration.

#### 2. METHODOLOGY:

Mumbai city was selected due to its diverse economic and cultural background, it provided ideal setting to study "EFFECT OF SOCIO ECONOMIC STATUS (SES) ON FOOT LENGTH, PALM LENGTH, AND MID-FINGER LENGTH OF SCHOOL GOING CHILDREN (8-10 YEARS OLD) IN MUMBAI." Total 319 subjects (male & female) participated from 5 different schools ranging from public to private category from different socio economic class in Mumbai city, (Maharashtra, India). Children from selected schools, falling under the age 8-10 years (male & female) from grade 3 were selected by purposive sampling.

Anthropometric measurements of the children were taken with the help of standard stadiometer which helped to measure the height of the children, calibrated measuring tape to measure the foot length of the children, standardized caliper was used to measure the length of mid-finger of the subject and Socio economic status was recorded from the parents/guardian of the students by means of questionnaire. Kuppuswamy scale was used for scoring socio economic status. Criteria for the scoring the question mentioned in questionnaire were Parents/Guardians Education, Profession and Family Income. The information was précised, as the social background data was also discussed with the respective parent teacher of the school.

Stadiometer is the standardized rod used for measuring height of the subject. Stadiometer are used in routine medical examination and also for the clinical tests and experiments. Children were guided accordingly to avoid possible error. Palm length and finger length was measured by Vernier Caliper, student were instructed to hold hand straight in comfortable position then, for palm length jaw of caliper was tighten on lower point of middle finger of hand and starting point of wrist and measurements were noted. Similarly, for mid-finger length measurements were calculated through adjusting jaw between lower and higher point of middle finger. However, Foot length was measured manually for each child. The children were guided to stand on a blank sheet of paper and measurements were noted down by marking highest and the lowest point near toe and the fingers of the foot respectively. Then both points were joined using ruler, and measured using standardized tape. An inclusion criterion for study was the subjects between age group of 8-10 years and also both the genders have participated in study. The data collected was statically analysed by the software Spss version 20. Exclusion criteria for study was subjects less than 8 years and more than 10 years, also subjects with some kind of physical disability. Out of 392 individuals 319 agreed with questionnaire and shared the data so other subjects were excluded from the study.

## 3. RESULTS AND DISCUSSION

As demonstrated in table 3.1 and fig:-3.1, the samples were analysed with socio economic status, it was observed that the highest number of subjects were found in lower middle class. Whereas the maximum height was found among upper class (129.58 $\pm$ 6.88) cm, followed by upper lower class (126.56  $\pm$  8.69) cm and lower middle class (126.35  $\pm$  3.69) cm respectively. Further the lowest mean value of height (124.00  $\pm$  6.34) cm was noted among the upper lower class. Overall it showed positive striking correlation amongst, different socio economic status in correlation to height at p <0.05 (.001). Thus, socio economic status, in long run might affect the height of an individual. Socio economic status may have net effect on the height of an individual.

Socio Economic Status	Number of subjects	X±σ (cm) Height	Significance P ≤ 0.05
Upper Class = 1	31	129.58 ± 6.88	
Upper Middle Class= 2	83	128.24 ± 6.48	001
Lower Middle Class= 3	113	126.56 ± 8.69	.001
	0.4	124.00 ± 6.34	
Upper Lower class = $4$	84	126.35 ± 3.69	
Lower Class = 5	8		
Total	319	126.61 ± 7.48	

Table 3.1 Height (cm) BY SES Code Score:-



Figure 3.1:- Comparison of Height of Subject with SES.

As illustrated in table 3.2 & fig: 3.2, when foot length was compared with the Socio-economic status, it was observed that maximum subjects were found in

lower middle class. Although the maximum foot length was found among upper lower class ( $3.0287 \pm 0.33$ ), followed by lower middle class ( $2.6602 \pm 0.25$ ), upper middle class ( $1.8426 \pm 0.20$ ) and upper class ( $1.3504 \pm 0.24$ ) respectively. Further the lowest mean value of foot length ( $1.0599 \pm 0.40$ ), was noted among the lower class. Alternatively when measurements of foot length was considered, it was observed that upper middle class and upper lower class had similar number of subjects however it was noted that upper lower class had higher mean value for foot length compared to upper middle class subjects. Further, a highly significant difference was observed statistically between foot length and socio economic status at p <0.05 (.000). Further it was interpreted that in long run socio economic condition of an individual may affect the foot length and even actually the overall stature of an individual.

Socio Economic Status	Number of subjects	X ± σ (cm) Foot length	Significance P ≤ 0.05
Upper Class = 1	31	1.3504 ± .24	
Upper Middle Class= 2	83	1.8426 ± .20	
Lower Middle Class= 3	113	2.6602 ± .25	.000
Upper Lower class = 4	83	3.0287 ±.33	
Lower Class = 5	9	1.0599 ±.40	
Total	319	2.5302 ±.14	

Table 3.2 - Foot Length	(cm	) BY SES	Code	Score:-
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Figure 3.2:- Comparison of Foot length of Subject with SES.

As indicated in table 3.3 and fig 3.3, utmost result for number of subjects was observed in upper lower class, when palm length and socio economic status was compared. Also, the highest level of the palm length to the Socio-economic status of the samples ( $9.412\pm3.72$ ) was observed among Upper lower class subjects. Whereas lowest level of palm length was depicted in lower class ( $7.757\pm0.82$ ) category. Therefore, a significant correlation was observed between palm length and Socio-economic status at p <0.05 (.019). Further it was interpreted that in long run socio economic condition of an individual may affect the palm length and even actually the overall stature of an individual.

Table 3.3 - Palm	Length (cm	) BY SES	Code Score:-

Socio Economic Status	Number of subjects	X ± σ (cm) Palm lenαth	Significance P ≤ 0.05
Upper Class = 1 Upper Middle Class= 2 Lower Middle Class= 3 Upper Lower class = 4 Lower Class = 5 Total	31 83 113 83 9 319	$\begin{array}{r} 8.206 \pm .44 \\ 8.307 \pm 1.34 \\ 8.660 \pm 2.12 \\ 9.412 \pm 3.72 \\ 7.757 \pm .82 \\ 8.701 \pm 2.43 \end{array}$	.019





As indicated in table 3.4 & fig 3.4, impact of SES on mid-finger length was observed to be maximum in lower middle class subjects. Although, higher treatment value (6.195 $\pm$  0.60) of mid-finger length was found amongst the upper middle class. Alternatively, SES showed linear trend in mid-finger length of upper class (6.065 $\pm$  0.47) and upper middle class (6.195 $\pm$  0.60) and also lower class (5.700 $\pm$  0.34) and upper lower class (5.873 $\pm$ 0.39). Hence a significant difference was noted between mid-length and SES at p <0.05 (.000).

Table 3.4 - Mid-finger length (cm) BY SES Code Score:-

Socio Economic Status	Number of students	X ± σ (cm)	Significance P ≤ 0.05
		Mid-finger length	
Upper Class = 1	31	6.065 ± .47	
Upper Middle Class= 2	83	6.195 ± .60	
Lower Middle Class= 3	113	5.975 ± .47	.000
Upper Lower class = 4	83	5.873 ±.39	
Lower Class = 5	9	5.700 ±.34	
Total	319	6.009 ± .50	



Figure 3.4:- Comparison of mid-finger length of Subject with SES.

## 4. CONCLUSION

When measurements were compared with SES of the subjects, it was found that height, and palm length, showed statistically significant co-relation. Also, mid-finger length and foot length showed highly significant difference statistically when compared with SES. However, a positive correlation was observed among, different socio economic status in correlation to height at p <0.05 (.001). Further highly significant correlation was observed between foot length and socio economic status at p <0.05 (.000) and also, between midfinger length and SES. Moreover, a significant correlation was observed between palm length and Socio-economic status at p <0.05 (0.019). Thus, it was concluded that, SES had significant impact on the parameters of stature (Height) of an individual.

# REFERENCES

Bork, K. A., & Diallo, A. Boys are more stunted than girls from early infancy to 3 years of age in rural Senegal. The Journal of nutrition, 2017, 147(5), 940-947.

Cameron L, Williams J. Is the relationship between socioeconomic status and health stronger for older children in developing countries? Demography. 2009 May 1;46(2):303-24.

Cameron N. Human growth, nutrition, and health status in sub-Saharan Africa. American Journal of Physical Anthropology. 1991;34(S13):211-50.

Case, A., & Paxson, C. Stature and status: Height, ability, and labor market outcomes. Journal of political Economy, 2008, 116(3), 499-532.

Case, A., Fertig, A., & Paxson, C. The lasting impact of childhood health and circumstance. Journal of health economics, 2005, 24(2), 365-389.

Crooks, D. L. Child growth and nutritional status in a high-poverty community in eastern Kentucky. American Journal of Physical Anthropology: The Official Publication of the American Association of Physical Anthropologists, 1999, 109(1), 129-142.

Dufour, D. L., Staten, L. K., Reina, J. C., & Spurr, G. B. Anthropometry and secular changes in stature of urban Colombian women of differing

socioeconomic status. American Journal of Human Biology, 1994, 6(6), 749-760.

Eiben, O. G., & Mascie-Taylor, C. G. N. Children's growth and socio-economic status in Hungary. Economics & Human Biology, 2004, 2(2), 295-320.

Hambidge, K. M., Mazariegos, M., Kindem, M., Wright, L. L., Cristobal-Perez, C., Juárez-García, L., ... & Krebs, N. F. Infant stunting is associated with short maternal stature. Journal of pediatric gastroenterology and nutrition, 2012, 54(1), 117.

Hamid, S., Rashid, A. F., Najeeb, Q., Hamid, S., & Makdoomi, A. Association of hand length with height in medical students enrolled in skims medical college, india. int j anat res, 2015, 3(1), 636-39.

Hatløy, A., Hallund, J., Diarra, M. M., & Oshaug, A. Food variety, socioeconomic status and nutritional status in urban and rural areas in Koutiala (Mali). Public health nutrition, 2000, 3(1), 57-65.

Houweling, T. A., & Kunst, A. E. Socio-economic inequalities in childhood mortality in low-and middle-income countries: a review of the international evidence. British medical bulletin, 2009, 93(1), 7-26.

http://unicef.in/whatwedo/10/stunting

http://www.unicef.org/publications/files/UNICEF\_SOWC\_2016.pdf.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3983851/

https://www.researchgate.net/publication/323846030\_MODIFIED\_KUPPUSWAMY\_S CALE\_UPDATED\_FOR\_YEAR\_2018 https://www.unicef.org/sowc98/fig5.htm

https://www.who.int/about/mission/en/

https://www.who.int/news-room/fact-sheets/detail/malnutrition

https://www.who.int/topics/nutrition/en/

Krishan, K., & Sharma, A. Estimation of stature from dimensions of hands and feet in a North Indian population. Journal of forensic and legal medicine, 2007, 14(6), 327-332.

Kuh, D. L., Power, C., & Rodgers, B. Secular trends in social class and sex differences in adult height. International Journal of Epidemiology, 1991, 20(4), 1001-1009.

Lago S, Cantarero D, Rivera B, Pascual M, Blázquez-Fernández C, Casal B, Reyes F. Socioeconomic status, health inequalities and non-communicable diseases: a systematic review. Journal of Public Health. 2018 Feb 1;26(1):1-4. Lindqvist, A., & Björklund, F. How predictions of economic behavior are affected by the socio-economic status of the target person. The Journal of social psychology, 2018, 158(3), 361-378.

McCay, C. M., Crowell, M. F., & Maynard, L. A. The effect of retarded growth upon the length of life span and upon the ultimate body size: one figure. The journal of Nutrition, 1935, 10(1), 63-79.

McLaren, L. Socioeconomic status and obesity. Epidemiologic reviews, 2007, 29(1), 29-48.

Melchiorre MG, Chiatti C, Lamura G, Torres-Gonzales F, Stankunas M, Lindert J, Ioannidi-Kapolou E, Barros H, Macassa G, Soares JF. Social support, socioeconomic status, health and abuse among older people in seven European countries. PloS one. 2013 Jan 30;8(1):e54856.

Onat, T., & Ertem, B. Age at menarche: relationships to socioeconomic status, growth rate in stature and weight, and skeletal and sexual maturation. American journal of human biology, 1995, 7(6), 741-750.

Oommen, A., Mainker, A., & Oommen, T. A study of the correlation between hand length and foot length in humans. J Anat Soc India, 2005, 54(2), 55-7.

Özener, B., & Ertuğrul, B. Multiple regression analysis of the relationship between some predictors of socioeconomic status and developmental instability. Eurasian Journal of Anthropology, 2010, 1(1), 18-25.

Paeratakul, S., White, M. A., Williamson, D. A., Ryan, D. H., & Bray, G. A. Sex, race/ethnicity, socioeconomic status, and BMI in relation to self-perception of overweight. Obesity research, 2002, 10(5), 345-350.

Patel, R., Lawlor, D. A., Kramer, M. S., Davey Smith, G., Bogdanovich, N., Matush, L., & Martin, R. M. Socioeconomic inequalities in height, leg length and trunk length among children aged 6.5 years and their parents from the Republic of Belarus: Evidence from the Promotion of Breastfeeding Intervention Trial (PROBIT). Annals of human biology, 2011, 38(5), 592-602.

Patel, S. M., Shah, G. V., & Patel, S. V. Estimation of height from measurements of foot length in Gujarat region. J Anat Soc India, 2007, 56(1), 25-27.

Peck, M. N., & Lundberg, O. Short stature as an effect of economic and social conditions in childhood. Social science & medicine, 1995, 41(5), 733-738.

Puhl, R. M., Andreyeva, T., & Brownell, K. D. Perceptions of weight discrimination: prevalence and comparison to race and gender discrimination in America. International journal of obesity, 2008, 32(6), 992.

Raihan MJ, Farzana FD, Sultana S, Haque MA, Rahman AS, Waid JL, McCormick B, Choudhury N, Ahmed T. Examining the relationship between socio-economic status, WASH practices and wasting. PloS one. 2017 Mar 9;12(3):e0172134.

Rigon, F., Bianchin, L., Bernasconi, S., Bona, G., Bozzola, M., Buzi, F., & Tato, L. Update on age at menarche in Italy: toward the leveling off of the secular trend. Journal of Adolescent Health,2007, 46(3), 238-244.

Roberts, B. W., Kuncel, N. R., Shiner, R., Caspi, A., & Goldberg, L. R. The comparative validity of personality traits, socioeconomic status, and cognitive ability for predicting important life outcomes. Perspectives on Psychological Science, 2007, 2(4), 313-345.

Saaka, M., & Galaa, S. Z. Relationships between wasting and stunting and their concurrent occurrence in Ghanaian preschool children. Journal of nutrition and metabolism, 2016. Salive, M. E., Cornoni-Huntley, J., Guralnik, J. M., Phillips, C. L., Wallace, R. B., Ostfeld, A. M., & Cohen, H. J. Anemia and hemoglobin levels in older persons: relationship with age, gender, and health status. Journal of the American Geriatrics Society,1992, 40(5), 489-496.

Sanli, S. G. Kizilkanat, E. D., Boyan, N., Ozsahin, E. T., Bozkir, M. G., Soames, R.,& Oguz, O. Stature estimation based on hand length and foot length. Clinical Anatomy: The Official Journal of the American Association of Clinical Anatomists and the British Association of Clinical Anatomists,2005, 18(8), 589-596.

Saxena, S. K. A study of correlations and estimation of stature from hand length, hand breadth and sole length. Anthropologischer Anzeiger,1984, 271-276.

Som, S., Pal, M., Bhattacharya, B., Bharati, S., & Bharati, P. Socioeconomic differentials in nutritional status of children in the states of West Bengal and Assam, India. Journal of biosocial science, 2006, 38(5), 625-642.

Sparks, C. S. Parental investment and socioeconomic status influences on children's height in Honduras: An analysis of national data. American Journal of Human Biology,2011, 23(1), 80-88.

Stuckler D, Basu S, McKee M. Budget crises, health, and social welfare programmes. Bmj. 2010 Jun 24;340:c3311.

Voss, L. D., Bailey, B. J. R., Mulligan, J., Wilkin, T. J., & Betts, P. R. Short Stature and School Performance-the Wessex Growth Study. Acta Paediatrica, 1991,80, 29-31.

Wang, Y., & Beydoun, M. A. The obesity epidemic in the United States—gender, age, socioeconomic, racial/ethnic, and geographic characteristics: a systematic review and meta-regression analysis. Epidemiologic reviews,2007, 29(1), 6-28.

Yalew, B. M., Amsalu, F., & Bikes, D. Prevalence and factors associated with stunting, underweight and wasting: A community based cross sectional study among children age 6-59 months at Lalibela Town, Northern Ethiopia. J Nutr Disorders Ther,2014, 4(147), 2161-0509.

Zavras, D., Tsiantou, V., Pavi, E., Mylona, K., & Kyriopoulos, J. Impact of economic crisis and other demographic and socio-economic factors on self-rated health in Greece. The European Journal of Public Health, 2012, 23(2), 206-210.