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Association between child nutritional status and demographic characteristics below the age of 5 years with special reference to the Gampaha division in Sri Lanka

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Background: Malnutrition remains a significant public health concern in Sri Lanka, particularly in the Gampaha Division, where urbanization and demographic factors contribute to nutritional disparities. This study investigated the association between demographic characteristics, age, gender, and religion, and different stages of malnutrition, including underweight, stunting, wasting, and overweight conditions.

Method: A structured survey was conducted using a sample of 100 children, collecting data on factors influencing child growth, such as age, gender, weight, height, religion, and birth year. The survey was administered at the Radawana Hospital, within the Dompe Divisional Secretariat of the Gampaha District. Data were analyzed using chi-square tests and cross-tabulation.

Results: Results indicate that malnutrition is prevalent across all demographic groups, with the highest risk observed among children aged 36 months. Cross-tabulation results show that 87% (n=87) of male children are stunted, while 100% (n=100) of females exhibit wasting. Additionally, 50% (n=50) of Muslim children are both underweight and stunted, while 67% (n=67) of Christian children fall into the underweight and wasted categories. Overweight prevalence varies, with 20% (n=20) of Hindu children classified as overweight. The chi-square test results reveal a statistically significant association between gender and malnutrition stages (P=0.023), and between religion and malnutrition (P=0.032), indicating the influence of demographic factors on nutritional outcomes. These findings highlight the urgent need for targeted interventions to address demographic disparities in child nutrition. Early childhood nutrition programs should prioritize high-risk age groups, while gender-sensitive health strategies must address the distinct nutritional challenges faced by boys and girls. Additionally, culturally tailored dietary initiatives are essential to mitigate religion-based disparities.

Conclusion: Enhancing community-based nutrition education, improving access to healthcare, and fostering partnerships with governmental and non-governmental organizations are critical to reducing malnutrition. Ongoing monitoring and evaluation will ensure long-term improvements in child health and nutrition across diverse populations in Sri Lanka.

Keywords: Child malnutrition, stages of malnutrition, stunted, demographic characteristics.