Socio-economic factors associated with Common Childhood Illness among Infants in Benue State, Nigeria

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The association between individual and household socio economic status on prevalence and consequences of common childhood illness among infants cannot be over emphasized and may be underestimated if not frequently assessed. A better understanding of the risk posed by these characteristics in early infancy is critical for program planning and informed decision making for all level of the health system. This paper assessed association between occurrence of common childhood illnesses and socio economic status of caregivers and the household.

As part of a pilot study conducted in Benue state Nigeria to assess the use of child health week to distribute Micro Nutrient Powder (MNP) to children in order to reduce anemia, prevalence of common childhood diseases such as diarrhea, fever and illnesses with cough were assessed at the endline of the study in order to determine how they affected the impact of MNP in children. A total of 909 caregivers were sampled and interviewed across 6 LGAs selected based on previous health status. Using 2 stage sampling in which health facilities were selected, after which a random sample of mothers attending with their 6-59 month child were interviewed just before receiving MNCHW services, through cross-sectional sampling with no exclusions. Socio economic factors assessed include mothers' age, mother's educational level, wealth quintile of household, parity, number of children under 5 in the household, average household monthly income, and mothers' occupation. Data was analysed using SPSS version 22.

Out of the 909 mothers with children 6 – 59 months recruited in the study, 276 have infants between ages 6-11months. Mothers reported that two weeks before the survey, 35.5% of infants had diarrhea, 23.9% had fever and 40.6% had illness with cough. Co-occurrence of 3 illnesses was recorded in 12% of the infants who were commonly from households with at least one child under 5 (51.5%) with monthly income less than N10,000 and mothers that are farmers (62.5%). Occurrence of diarrhea was associated with reducing age of mothers ($p<0.05$), fever was associated with mothers' education level and household wealth quintile, while illness with cough was associated with mothers' educational level and occupation. Infants of mothers less than 20 years (OR=1.3, CI=0.541-3.15) and presence of increasing number of children under 5 in the household (OR=1.4, CI=0.96-1.94) are 2 times likely to expose a child to diarrhea. Infants of caregivers with no education (OR=2.0, CI=0.59 - 6.34) and who live in household in the lowest wealth quintile (OR=4.52, CI=1.53-13.31) have a high risk of coming down with fever. Infants of Caregiver of infants who are farmers (OR=1.71, CI=1.01, 2.87), with no education (OR=2.87, CI=0.97-8.51) or with primary education (OR=3.20, CI=1.18-8.67) have a high risk of being exposed to illness with cough.

Program planners still need to intensify efforts to ensure that appropriate caregivers are equipped with the knowledge required to combat these diseases. Government needs to provide essential support for mothers to improve their economic status and empower them to combat these childhood illnesses thereby reducing infant morbidity and mortality.

Reducing the prevalence of common childhood disease such as diarrhea, fever and illness with cough need to be intensified to reduce childhood morbidity.

Introduction

The association between individual and household socio economic status on prevalence and consequences of common childhood illness among infants cannot be over emphasized and may be underestimated if not frequently assessed. The association between health status of children and socioeconomic status (SES) of households measured by living conditions, family income, and parental education and employment has been repeatedly established. Such findings have been reported for many countries, including those with and without universal health care and this has also been demonstrated across life span, from childhood to older adulthood. Assessing this relationship continually as part of overall program planning for child health interventions is very essential.

In Nigeria, according to the DHS reports, the infant mortality rate reduced to 69 per 1000 live births in 2013[8] compared to 144 per 1000 reported in 2008[9]. Prevalence of common childhood diseases such as diarrhea, malaria and pneumonia which were the major causes of childhood mortality and morbidity in Nigeria[8] reduced with malaria among children 6-11 months being 17% in 2013 compared to similar prevalence of malaria being 19.4% in 2008. While there has being a reduction in the prevalence of this diseases socio economic factors of women have worsened with proportion of women with no education increasing from 35.8% in 2008 to 37.8% in 2013, women with no access to media increased from 14% in 2008 to 50.4% in 2013 and households with women with no education and in the lowest wealth quintile moved from 74.4% in 2008 to 87.3% in 2013.

Reducing the prevalence of this childhood disease further would continue to be a major challenge until the major socioeconomic factors causing the decrease in prevalence of common child health diseases is identified. Since it is profound in epidemiology that individuals in lower socioeconomic status (SES) have poorer health than individuals higher in SES, a better understanding of the risk possessed by these household socioeconomic characteristic in early infancy is critical for program planning and informed decision making for all level of the health system. This paper assessed association between occurrence of common childhood illnesses and socio economic status of mother and the household in Benue State, Nigeria.

METHODS

Study design

This paper was part of a pilot study program funded by GAIN conducted to assess the effect of distributing micronutrient powder (MNP) to caregivers in other to reduce anemia in children with supporting behavior change communication (BCC) and social mobilization activities during a

well-established MNCHW in Benue State, Nigeria. Data collection occurred in 6 LGAs during the two events, in December 2013 (MNCHW-Dec-13) and June 2014 (MNCHW-June-14) however this paper was written based on the June 2014 data in which information on common childhood disease were asked of caregivers. The study consisted of four parts which includes cross sectional study of caregivers KAP on MNP, home visit longitudinal study for mother child pairs, a single cross sectional study of health workers knowledge and structured facility based observations.

Target population
The focus of this paper are caregivers of children 6- 11 months

Sample size
Sample sizes for this study were set to detect a 10% reduction in anemia prevalence (the pilot's impact target, reported elsewhere) from an estimated baseline prevalence of 50%), with 5% type-1 error, 80% power, a cluster design effect of 2, and adjusting for 15% expected drop-out to give a sample size of 451 caregiver for the anemia testing phase of the study. However for the questionnaire-based surveys of caregiver knowledge, attitudes and practices on which this paper was written, this target sample size was simply doubled; assuming the same type-1 and type-2 error, design effect and drop-out, for a behaviour with 50% prevalence at the MNCHW which allowed to statistically detect an improvement of 6.5% or larger.

Survey sampling:
A two stage sampling was used for selection in this study. A random sample of 48 health facilities were selected across the 6 LGAs in which data collection was taking place (8 in each Local Government Area). In the selected facilities, a random sample of mothers attending with their 6-59-month child were interviewed just before receiving MNCHW services, through systematic sampling with no exclusions.

Data collection:
Questionnaires were administered to the selected mothers attending the MNCHW with an eligible child in June 2014 after which anyone willing, voluntarily went for the anemia testing until the expected sample size was achieved. Data collection, analysis and evaluation were conducted by an independent study team. Enumerators used on the project were indigenous to Benue State, understood the local languages and culture and >90% had experience in survey data collection. Training for enumerators was conducted for 3 days on infant and young child feeding, MNPs, the evaluation objectives, subject eligibility and structured interviewing. Draft questionnaires were pretested at health centers and revised as appropriate. The same enumerators (apart from 5 replacements) conducted the facility and home-based surveys, and invigilated the health worker survey. Supervisors checked questionnaires daily and any errors, missing responses, and inconsistencies were resolved prior to data entry.

Ethical clearance:
The study was conducted according to guidelines in the Declaration of Helsinki; all procedures involving human subjects were approved by the. State and LGA Health Department Heads and

Chief Medical Officers of medical facilities involved also granted permission for surveys. Written informed consent was obtained from all participating caregivers.

Data analysis:
This data were analyzed using SPSS version 22. Continuous variable such as age of caregivers, number of chidren born by a caregiver were analyzed using the Student t-test, chi square test for categorical variables and normal distribution test of difference in proportions' for proportional outcomes.

Result

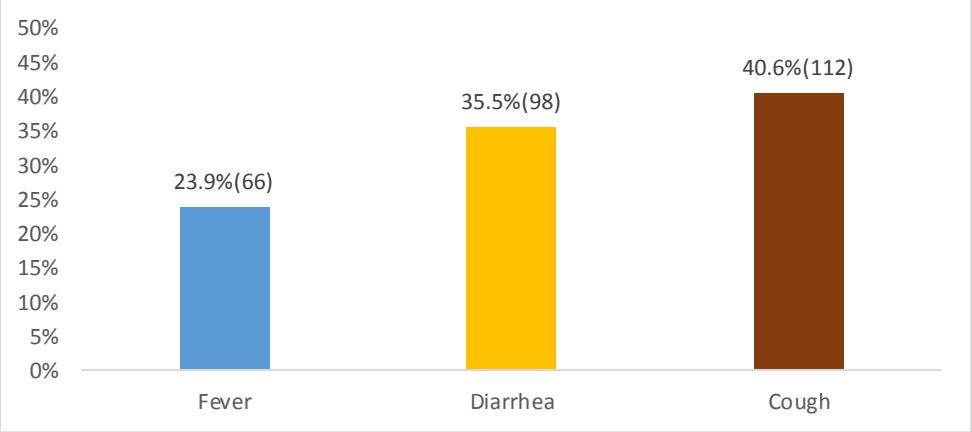
Demographics

A total of 909 caregiver with children 6- 59 months were recruited in the study out which 276 children were aged 6-11 months with 55.4% (153) being male. Mean age of caregivers was 24.8± 5.32 with 56.9% (157) of the caregivers within the age group 21-30 while 97.1% were female. Married caregivers were 98.2% (271) with 45.3% (125) having secondary education as the highest level of education while 54.3% (150) were farmers. Average household monthly income was less than N10,000 as reported by 60.1%(166) and only 24.3%(67) were in the richest wealth quintile. Demographic and Socio-economic characteristics of caregivers is shown in table 4.

Prevalence of Common Childhood Disease

Prevalence of diarrhea among the children in the last 2 weeks before the study was 35.5%, fever was 23.9% and illness with a cough at any time in the last 2 weeks before the study was 40.6%. Figure 1 shows the prevalence of common childhood illness at the time of this study.

Figure 1: Prevalence of Common Childhood Illness in infants



Socioeconomic factors influencing Common Childhood disease

Diarrhea was prevalent among infants with caregivers in the age group 21-30 as reported by 45.9% (45) of the 98 caregivers who reported that their infants had diarrhea. About 52% of caregivers with secondary education reported that their infants had diarrhea while prevalence of diarrhea reduced with increasing number of children. Caregiver with less than N10,000 as the average monthly household income reported that 61.2% of infants had diarrhea. Age of caregiver and number of children under 5 were significantly associated with diarrhea prevalence in children. Table 5 shows the association between diarrhea and socio-economic status of caregivers.

Fever occurred more in infants of caregivers aged 21-30 years (47%), with primary education (34.8%), in the middle wealth quintile (25.8%), has at least 2 children(31.8%) with one of the children under 5 (53.0.%), monthly household income less than N10,000 and occupation is farming (51.5%). Prevalence of fever in infants significantly associated with highest education level ($p< 0.05$) and wealth quintile ($p<0.05$) of caregivers. Table 6 shows the association between fever and socio-economic status of caregivers.

Prevalence of illness with cough was highest among caregivers aged 21-30 years (53.6%), that have secondary education (46.4%), in richest wealth quintile (28.6%), has more than one (35.7%), that is under five(51.8%), with monthly household income being less than N10,000 (65.2%) and being a farmer. Socio-economic status significantly associated with prevalence of illness with cough includes education of mother ($p<0.05$) and occupation of caregivers ($p<0.05$). Table 7 shows the association between fever and socio-economic status of caregivers.

Odds of a child developing childhood diseases

Table 1 shows that the odds of a child coming down with diarrhea was 2 times higher in infants of caregivers in the age group 21-30 (OR=1.09, CI:0.222-1.072) and less likely in infants of caregivers less than 20 years (OR=0.488, CI:0.473-2.528) relative to caregivers in the age group 31-40.

Table 1: Odds of an infant having diarrhea

		B	S.E.	Odds Ratio	95% CI.for Odds Ratio	
					Lower	Upper
Caregivers Age	<20	-.718	.402	.488	.222	1.072
	21-30	.089	.428	1.093	.473	2.528
	31-40**					

** Reference category

Table 2 shows that odds of an infant coming down with fever is 2 times higher in caregivers with primary education (OR=2.09, CI: 0.769-5.707) or no education (OR=1.943, CI: 0.595-6.343) relative to caregivers with post-secondary education and it is 5 times higher in caregivers in lowest wealth quintile(OR=4.52, CI: 1.534-13.315), 3 times higher in caregivers in the middle

(OR=2.27, CI: 0.917-5.646) and fourth wealth quintile (OR=2.19, CI: 0.836-5.732) relative to the richest wealth quintile.

Table 2: Odds of an infant having fever

		B	S.E.	Odds ratio	95% C.I for Odds Ratio	
					Lower	Upper
What is your highest level of Education?	None	.664	.604	1.943	.595	6.343
	primary	.740	.511	2.095	.769	5.707
	Secondary	.027	.491	1.027	.392	2.689
	Post Secondary**					
Wealth Quintile	Lowest	1.509	.551	4.520	1.534	13.315
	Second	.544	.486	1.723	.665	4.462
	Middle	.822	.464	2.275	.917	5.646
	Fourth	.784	.491	2.190	.836	5.732
	Richest**					

** Reference category

Table 3 shows the odd of a child having illness with cough being 3 times higher in caregivers with primary education (OR=2.23, CI: 0.665-7.497) or no education (OR=2.832, CI: 0.772-10.388) relative to caregivers with post-secondary education and 2 times higher in infants of caregivers who are traders (OR=1.601, CI: 0.385-6.664) or farmers (OR=1.762, CI: 0.495-6.277) relative to caregivers who are artisans.

Table 3: Odds of an infant having Cough

		B	S.E.	Odds Ratio	95% C.I for Odds Ratio	
					Lower	Upper
What is your highest level of Education?	None	1.041	.663	2.832	.772	10.388
	primary	.803	.618	2.233	.665	7.497
	Secondary	-.170	.592	.844	.264	2.694
	Post-secondary**					
What is your occupation	Trader	.471	.728	1.601	.385	6.664
	Farmer	.566	.648	1.762	.495	6.277
	Civil Servant	-.047	.607	.954	.290	3.134
	Unemployed	.215	.819	1.240	.249	6.170
	Artisan**					

** Reference category

Discussion

This study highlights socio-economic characteristics associated with occurrence of the three most common childhood illnesses. Our findings show that illness with cough has the highest prevalence which was validated by the NDHS 2013 where it reported that caregivers reported 35% of children with cough, 32%of children with fever and 29% of children with diarrhea sought care at a health facility therefore data collection at health facility could be responsible for these high prevalence.

The correlation between diarrhea and age of caregivers has been well established in various studies. In a study by Ekaette A Toblin[4] et al, age of the caregiver was shown to be correlated with the use of oral dehydration salt in management of diarrhea. The association between the age of the caregiver and disease rates may be explained through an increasing experience in childcare, improving hygiene and feeding practices with advanced age. With the age group 21-30 having more prevalence, it is essential to continue to educate this age group on the way to reduce chances of a child going down with diarrhea.

Caregivers' education was significantly associated with fever. This is an important finding as it has implication on the type of communication messages to be prepared for caregivers. In a study conducted by AbdulKadir MB[1] et al, it was shown that highest educational level of caregiver was associated with their ability to use the thermometer to determine temperature of the child to know when treatment should begin however it was not associated with the decision to use paracetamol for a febrile child. Given the volume of information available on fever, if the need of individual caregivers are considered it will help reduce fever occurrence and infant mortality.

The effect of a higher socioeconomic class on knowledge of fever was demonstrated in a study by, Abdulkadir MB[1] et al, by showing the relationship between social class and concerns regarding fever. As shown above that prevalence of fever reduced with increasing wealth quintile, it is essential to ensure that this finding is considered in the design of interventions for fever. As shown in a study by Chirdan OO[10] et al that "The cost of antimalarials in the public health care facility was lower than the cost of antimalarials in the drug outlets. The private health care facilities were the most expensive" therefore it will be essential to ensure the availability of appropriate intervention for different wealth quintiles.

As reported in a study by Farzana Ferdous[5] et al, environmental factors such as dust, unhealthy household condition, and high room temperature during hot summer months, cold allergy, and winter seasons were perceived as the causes of pneumonia in children. Given the relationship between illness with cough and occupation of caregivers, it is essential to educate the caregivers on the exposure to cough and help to reduce occurrence of illness.

Conclusion

Program planners need to intensify efforts to ensure that appropriate caregivers are equipped with the knowledge required to combat these diseases. Government also needs to provide

essential support for mothers to improve their economic status and empower them to combat these childhood illnesses thereby reducing infant morbidity and mortality. Reducing the prevalence of common childhood disease such as diarrhea, fever and illness with cough need to be intensified to reduce childhood morbidity.

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Table 4: Demographic and Socio-economic Characteristics of Caregivers

		Frequency (276)	Percentage (100%)
Caregivers age	<20	76	27.50%
	21-30	157	57.00%
	31 - 40	31	11.20%
	41-50	0	0.00%
	51 and above	0	0.00%
	Non Response	12	4.30%
Sex	male	8	2.90%
	Female	268	97.10%
What is your marital status?	Married	271	98.20%
	single	1	0.40%
	divorced	0	0.00%
	separated	3	1.10%
	Widowed	1	0.40%
	Cohabiting/Fiancee	0	0.00%
What is your highest level of Education?	None	38	13.80%
	primary	75	27.20%
	Secondary	125	45.30%
	Post secondary	38	13.80%
	Non Response	0	0.00%
What is your occupation	Artisan	12	4.30%
	Trader	48	17.40%
	Farmer	150	54.30%
	Civil Servant	16	5.80%
	Unemployed	28	10.10%
	Others	13	4.70%
	Non Response	9	3.30%
What is your religion?	Christianity	254	92.00%
	Islam	17	6.20%
	Traditional	5	1.80%
On the average how much does your household earn in a month?	9,999 naira or less	166	60.10%
	10,000 – 49,999 naira	89	32.20%
	50,000 – 99,999 naira	8	2.90%
	100,000 and above naira	6	2.20%
	Others	0	0.00%
	Non Response	7	2.50%
Wealth Quintile	Lowest	30	10.90%
	Second	56	20.30%

Middle	66	23.90%
Forth	57	20.70%
Richest	67	24.30%

Table 5: Association between Socio-economic factors and prevalence of diarrhea in infants

		Has [Name] had diarrhea in the last 2 weeks						
		No		Yes		Total		
		Frequency (177)	Percentage (100%)	Frequency (98)	Percentage (100%)	Frequency (276)	Percentage (100%)	P value
Caregiver Age	<20	39	22.0%	36	36.0%	75	27.3%	
	21-30	112	63.3%	45	45.9%	157	57.1%	
	31 - 40	17	9.6%	14	14.3%	31	11.3%	
	Non Response	9	5.1%	3	3.1%	12	4.3%	0.017
What is your highest level of Education?	None	27	15.3%	11	11.2%	38	13.8%	
	primary	47	26.0%	28	28.6%	75	27.2%	
	Secondary	74	41.8%	51	52.0%	125	45.3%	
	Post secondary	30	16.9%	8	8.2%	38	13.8%	0.121
Wealth Quintile	Lowest	22	12.4%	8	8.2%	30	10.9%	
	Secondary	34	19.2%	22	22.4%	56	20.3%	
	Middle	44	24.9%	22	22.4%	66	23.9%	
	Fourth	36	20.3%	21	21.4%	57	20.7%	
	Richest	41	23.2%	25	25.5%	67	24.3%	0.8
How many children do you have	1	66	37.5%	39	39.8%	105	38.3%	
	2.00	45	25.6%	25	25.5%	70	25.5%	
	3.00	25	14.2%	10	10.2%	35	12.8%	
	4.00	16	9.1%	6	6.1%	22	8.0%	
	5.00	24	13.6%	18	18.4%	42	15.3%	0.647
How many children are under 5	1.00	94	54.0%	52	54.2%	146	54.1%	
	2.00	69	39.7%	32	33.3%	101	37.4%	
	3.00	11	6.3%	12	12.2%	23	8.4%	
	Non Response	4	2.3%	2	2.0%	6	2.2%	0.044
On the average how much does your household earn in a month?	9,999 naira or less	106	59.3%	60	61.2%	166	60.0%	
	10,000 – 49,999 naira	56	31.6%	33	33.7%	89	32.4%	
	50,000 – 99,999 naira	7	4.0%	1	1.0%	8	2.9%	
	100,000 and above naira	3	1.7%	3	3.1%	6	2.2%	
	Non Response	6	3.4%	1	1.0%	7	2.5%	0.417
What is your occupation	Artisan	6	3.4%	6	6.1%	12	4.5%	
	Trader	34	19.2%	14	14.4%	48	18.0%	
	Farmer	88	49.2%	62	63.3%	150	56.2%	
	Civil Servant	10	5.6%	6	6.1%	16	6.0%	
	Unemployed	21	11.9%	7	7.1%	28	10.5%	
	Others	11	6.2%	2	2.0%	13	4.9%	
	Non Response	8	4.5%	1	1.0%	9	0.0%	0.11

Table 6: Association between Socio-economic factors and prevalence of fever in infants

		Has [Name] been ill with fever at any time in the last 2 weeks						
		No		Yes		Total		
		Frequency (210)	Percentage (100%)	Frequency (66)	Percentage (100%)	Frequency (276)	Percentage (100%)	P value
Caregiver Age	<20	57	27.1%	19	28.8%	76	27.5%	0.665
	21-30	126	60.0%	31	47.0%	157	56.9%	
	31 - 40	21	10.0%	10	15.2%	31	11.2%	
	Non Response	6	2.9%	6	9.1%	12	4.4%	
What is your highest level of Education?	None	24	11.4%	14	21.2%	38	13.8%	0.033
	primary	52	24.8%	23	34.8%	75	27.2%	
	Secondary	103	49.0%	22	33.3%	125	45.3%	
	Post secondary	31	14.8%	7	10.6%	38	13.8%	
Wealth Quintile	Lowest	16	7.6%	14	21.2%	30	10.9%	0.013
	Second	43	20.5%	13	19.7%	56	20.3%	
	Middle	49	23.3%	17	25.8%	66	23.9%	
	Fourth	44	21.0%	13	19.7%	57	20.7%	
	Richest	58	27.6%	9	13.6%	67	24.3%	
How many children do you have	1.00	88	42.3%	17	25.8%	105	38.0%	0.213
	2.00	49	23.6%	21	31.8%	70	25.4%	
	3.00	24	11.5%	11	16.7%	35	12.7%	
	4.00	17	8.2%	5	7.6%	22	8.0%	
	5.00	30	14.4%	12	18.2%	42	15.2%	
How many children are under 5	1.00	111	52.9%	35	53.0%	146	52.9%	0.327
	2.00	78	37.1%	23	34.8%	101	36.6%	
	3.00 or more	21	10.0%	7	10.6%	29	8.3%	
On the average how much does your household earn in a month?	9,999 naira or less	123	58.6%	43	65.2%	166	60.1%	0.585
	10,000 – 49,999 naira	69	32.9%	20	30.3%	89	32.3%	
	50,000 – 99,999 naira	6	2.9%	2	3.0%	8	2.9%	
	100,000 and above naira	12	5.7%	1	1.5%	13	4.7%	
What is your occupation	Artisan	8	3.8%	4	6.1%	12	4.3%	0.695
	Trader	35	16.6%	13	19.7%	48	17.4%	
	Farmer	116	55.2%	34	51.5%	150	54.4%	
	Civil Servant	13	6.2%	3	4.5%	16	5.8%	
	Unemployed	23	11.0%	5	7.6%	28	10.1%	
	Others	10	4.8%	3	4.5%	13	4.7%	
	Non Response	5	2.4%	4	6.0%	9	3.3%	
	Subtotal	205	100.0%	62	100.0%	276	100.0%	

Table7: Association between Socio-economic factors and prevalence of illness with cough in infants

		Has [Name] had an illness with a cough at any time in the last 2 weeks						
		No		Yes		Total		
		Frequency (164)	Percentage (100%)	Frequency (112)	Percentage (100%)	Frequency (276)	Percentage (100%)	P value
Caregivers age	<20	39	24.2%	36	32.1%	75	27.5%	
	21-30	95	59.0%	60	53.6%	155	56.8%	
	31 - 40	20	12.7%	11	9.8%	31	11.4%	0.523
	Non Response	7	4.3%	5	4.5%	12	4.4%	
What is your highest level of Education?	None	21	12.4%	17	15.2%	38	13.6%	
	primary	39	24.2%	36	32.1%	75	27.5%	
	Secondary	73	44.1%	52	46.4%	125	45.1%	0.019
	Post-secondary	31	19.3%	7	6.3%	38	13.9%	
Wealth Quintile	Lowest	16	9.9%	14	12.5%	30	10.9%	
	Secondary	34	21.1%	21	18.8%	56	20.3%	
	Middle	43	26.7%	22	19.6%	66	23.9%	
	Fourth	33	20.6%	23	20.5%	57	20.7%	0.522
	Richest	35	21.7%	32	28.6%	67	24.3%	
How many children do you have	1.00	65	39.6%	40	35.7%	105	38.5%	
	2.00	45	28.0%	24	21.4%	69	25.3%	
	3.00	17	10.4%	18	16.1%	35	12.8%	
	4.00	8	5.5%	13	11.6%	21	7.7%	0.074
	5.00	26	16.5%	17	15.2%	41	15.7%	
How many of them are under 5	1.00	87	54.0%	58	51.8%	145	53.1%	
	2.00	60	37.3%	39	34.8%	99	36.3%	
	3.00 or more	12	7.5%	11	9.8%	23	8.4%	0.524
	Non Response	2	1.2%	4	3.6%	6	2.2%	
On the average how much does your household earn in a month?	9,999 naira or less	91	56.5%	73	65.2%	166	60.1%	
	10,000 – 49,999 naira	56	34.8%	32	28.6%	89	32.2%	
	50,000 – 99,999 naira	5	3.1%	3	2.7%	8	2.9%	0.416
	100,000 and above naira	3	1.9%	3	2.7%	6	2.2%	
	Non Response	6	3.7%	1	0.9%	7	2.6%	
What is your occupation	Artisan	7	4.3%	4	3.5%	11	4.0%	
	Trader	30	18.6%	18	15.7%	48	17.4%	
	Farmer	77	47.8%	71	61.7%	148	53.6%	0.011
	Civil Servant	7	4.3%	9	7.8%	16	5.8%	

	Unemployed	24	14.9%	4	3.5%	28	10.1%	
	Others	8	5.0%	5	4.3%	13	4.7%	
	Non Response	8	5.0%	4	3.5%	12	4.3%	