

# Study on Tribal Under-Five Children: Few Concerns

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**Keywords:** Systematic random sampling, Tribal population, Tendulkar committee

Ishore and colleagues reported an impressive study on morbidity among tribal children [1]. Considering scant literature on health of children at tea gardens, the authors put forward a commendable effort. However, certain issues need clarification.

1. Systematic random sampling was used in the study – did authors get the complete list of all under – five children of all three villages? If yes, please mention the source.

2. As title suggests, the study is limited to tribal population only. There is no need to mention Caste as variable in methodology.

3. Calculated sample size should have been covered. As non-responders were there, the norm is to add 10% of the calculated value while finalizing the sample size.

4. Although maternal education was not significantly related to morbidity, it is clear that morbidity is more frequent in children with illiterate mothers.

5. Was the recommendation of Tendulkar Committee tested in community based study earlier?

6. The discussion part could have been elaborated further, with emphasis on determinants of morbidity.

## REFERENCES

- [1] Ishore K, Bhattacharjee S, Das DK. Morbidity among tribal under-five children of tea garden areas in a block of Darjeeling district, West Bengal: a cross-sectional study. *J Clin Diagn Res.* 2015;9(8):LC01-03.

## RESPONSE FROM AUTHORS

Dear Sir,

We thank the authors for their insightful comments and the opportunity to clarify a number of points from our work. In response to the first question, we would like to state that the studied tea gardens come under the rural field practice area of North Bengal Medical College and therefore, the list of total population in these tea gardens were available with the authors. However, the inclusion of caste as a predictor variable in the methodology was a slight oversight by the authors. With respect to sample size, the maximum sample size was calculated as 210 which included 10% non response during the course of the study. However, since there were no non-responders, sample size was restricted to 192.

We agree that morbidity was more common in children with illiterate mothers. However, we could not conclusively say that illiteracy was a correlate as the difference of morbidities among children of illiterate and literate mothers was not statistically significant. This may be explained by the small sample size of the present study.

Tendulkar Committee recommendations for classifying social class have been used by authors in other community based studies. In our small cross sectional study, we have just stated our observations among children dwelling in tea garden areas of Darjeeling district. We hope that more large scale, longitudinal studies will be conducted further, which will be able to offer a more robust answer to the queries that have been raised.

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