

## In this issue

Socio-economic differences between and within populations contribute significantly to disparities in health outcomes and nutritional status. In this issue, there is a consistent theme in a good number of papers exploring the relationship between socio-economic variables and different nutrition and health indices.

Jones *et al.*<sup>(1)</sup> use data from two longitudinal birth cohorts from South Africa and the Philippines to examine the association between household socio-economic status (SES) at birth and poor infant growth. Ouédraogo *et al.*<sup>(2)</sup> document the prevalence and socio-spatial variations of obesity using a cross-sectional survey sampling from different household settings. Both studies illustrate the influence that lower SES has across the spectrum of malnutrition.

SES is often a composite variable that considers wealth, educational status and occupational status as a few of the descriptors used when exploring the relationships with health outcomes. Roskam and Kunst<sup>(3)</sup> present a paper that assesses which socio-economic indicator best predicts overweight in the European Union. They find that overweight is more strongly and consistently related to educational attainment than occupational class or household income.

Going beyond identification and describing socio-economic differentials relating to nutrition, Barker *et al.*<sup>(4)</sup> report on a qualitative study aimed to identify factors that influence the food choices of women with lower educational attainment, as a basis for developing interventions to help improve food choices. The common theme from this study is the lack of control women felt they had over family and personal food choices, indicating a need for interventions that increase their food choice-relevant competencies. The education and empowerment of women is again highlighted as an important strategy for public health nutrition intervention.

Women and children are often the most vulnerable in times of conflict. Colombatti *et al.*<sup>(5)</sup> report on a study exploring the extent of malnutrition in post civil war Guinea Bissau, and the feasibility and effectiveness of a short-term intervention characterised by outpatient treatment with locally produced food. Children are often the beneficiaries of strategies that support and empower women as primary caregivers and nutrition gatekeepers.

Infants, as the most vulnerable in our communities, need active protection and support to reach their full human potential. There is arguably no greater responsibility of the State. Cattaneo *et al.*<sup>(6)</sup> present the case for a redirection of strategies to protect, promote and support infant feeding and child nutrition in the Commonwealth of Independent States, in response to analysis of data reflecting major concerns regarding deteriorating child health in that group of countries.

Papers in this issue remind us all that public health, and public health nutrition in particular, is intimately determined by socio-economic and demographic factors, many of which are influenced by politics and conflict. This should be foremost in our thoughts as nutritionists at a global level, given the recent financial crisis and related political instability.

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## References

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