

THE LEVEL AND DETERMINANTS OF NUTRITION

By

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Introduction

The purpose of this paper is to determine the standard of food consumption as measured by the nutritional level reached by families of each income class and to try to explain observed differences in nutritional sufficiency among families. In an earlier report (Tan and Tecson, 1973), the behavior patterns of food consumption as family size and income increase were observed. Size and income elasticities were computed, using data for the nation as a whole and for white and blue collar workers in rural and urban areas.

From the Bureau of Census Statistical Household Surveys of Income and Expenditure, we find the per family consumption by income class in 1961, 1965, and 1971. In 1961, the range of food consumption per day ranged from P1.32 to P9.74 for the families in the extreme ends of these income strata (i.e., for families earning less than P500 to those earning P10,000 or more). In 1965, the range of food consumption per day was from P2.13 to P13.04, and in 1971, from P3.10 to P17.81. The question remains unanswered, however, as to whether or not these levels of food consumption actually met the recommended nutritional requirement of Filipino families.

The Food and Nutrition Research Council (FNRC) undertook regional surveys of food consumption. From these surveys the

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region's level of nutritional intake of each of ten nutrients (carbohydrates, protein, fats, riboflavin, calcium, iron, thiamine, niacin, Vitamin A, and ascorbic acid), and of calories was estimated. The actual intake of each was then compared to the recommended requirement for each of the families in the sample. This was based on the recommended requirement for Filipinos of various categories for the adult male and adult female, classified into sedentary, moderately active, and very active; and for children of ages 0-3, 4-8-12, 13-18 and by sex. The nutrient ratings were computed for each family in consideration of their age and sex composition. Rating was defined as the ratio of actual to recommended intake.

The FNRC surveys revealed that, in general, the Filipino diet is deficient, especially in the case of some nutrients. There are wide variations in the degree of adequacy among nutrients. For instance, the degree of deficiency in calories and protein is not as high as the deficiency in fats, calcium, and riboflavin. Regional differences are also great, as Table 1 shows. For example, Region V meets on the average 75.4 per cent of recommended intake, while Region III achieves only 57.9 per cent. In addition, the degree of adequacy of intake in each nutrient also shows some variation by region. Region I families (Western Visayas), for instance, take in more protein, calcium, thiamine, and niacin, and less of everything else than the Central Luzon families. This fact may be explained by regional differences in taste, relative prices of alternative food items, income, and knowledge of nutrition. The following sections try to determine how the latter two variables determine nutritional level.

Determinants of Nutrient Rating

We know that the preference ordering of an individual for alternative food items is influenced by many factors; among these are local traditions, demonstration effect from surrounding and other areas, and nutrition education. We also know that local traditions of food are partly determined by the available variety and the state of food technology. The classic example of the effect of the latter are the Moslem and Jewish taboos on pork and shellfish. In this study we want to isolate the effects of nutrition education on taste.

Nutrition education involves the dissemination of basic knowledge of nutrition; namely, the identification of major nutrients required by the body, the function of each of these nutrients, and the corresponding quantities required by particular types of individuals.

Such knowledge can be expected to alter the individual's preference. Whereas previously, preferences for alternative goods involved no scientific normative standards, food items are now valued for their contribution to health. While personal taste might at first clash with the scientific value of some food, (say camote tops, a good source of many vitamins), this dislike can be changed over time through nutrition education. There would also be some dynamic impact on the production of recommended new sources of nutrients. With nutrition education, we can therefore expect a change in the eating habits of the population and consequently, in the composition and level of food output and their prices.

Nutritionists have identified nutrients and their functions. They have arrived at a list of recommended requirements for each of these nutrients for each particular type of individual. For the Philippines, the Food and Nutrition Research Center gave the following table of recommended requirements (see below).

For the housewife to follow these recommendations, she must also consult the nutritionists' food table which describes the nutrient content of food readily available in the community. To simplify the difficult calculation that would be needed in order to meet the recommended diet for a family consisting of individuals of different types, nutritionists have come up with alternative food baskets that would meet the typical individual's requirement. An example of this is "Your Guide to Eating":

"This Guide to Good Eating will tell you what foods are needed by your family and the kinds and amounts they should eat everyday. Our foods have been classified under six basic groups. If you include one or more foods from each group in the proper amounts everyday you can be sure you are on the way to good eating. . ."

Leafy and Yellow Vegetables

One or more servings daily

(1 serving = 1/2 cup cooked, 1 cup raw)

malunggay leaves

ampalaya leaves

camote tops

pechay

mustard

lettuce

Vitamin C-Rich Foods

One or more servings daily

(1 medium-size fruit or 1 slice of a big fruit per serving)

cashew	pomelo
guava	papaya
guyabano	durian

Other Fruits and Vegetables

Two or more servings daily

(1 serving = 1/2 cup cooked, or 1 cup raw)

okra	mabulo
papaya	pineapple
kadyos	chico

Fat-rich Foods

(3 tablespoons daily)

butter	coconut milk
enriched margarine	coconut oil
lard	coconut

Protein-rich Foods

Whole Milk (all kinds)

for children, pregnant, and nursing mothers 1 cup daily

Meat, fish, or poultry

(1 serving = as big as a matchbox)

E g g s 2-3 a week

Dried Beans or nuts 1 serving daily
(1 cup cooked)

beef	sausage
pork (lean)	ham

Rice and other Energy Foods

Rice — 3 to 3 1/2 servings (1 serving = 1/2 cup raw or 1 to 1 1/4 cup packed, cooked)

root crops — 1 serving daily (1 small size or 1/2 cup, sliced)

s u g a r — 1 serving daily (1 serving = 2 tablespoons)

enriched rice	gabi
corn	pinipig
sweet potato	bread

These requirements are recommended with less than 100 per cent certainty. Although it is true that some medical symptoms are associated with deficiency in each of these nutrients, the exact amount normally required by individuals is still unknown. The requirements also differ in individuals, not just by reason of weight, sex, age, or activity. For this paper, we ask the reader to keep this qualification in mind, and to interpret the results as based on a set of recommended nutritional allowances for the average Filipino of given age and sex.

It is to be noted that each of the recommended nutrient requirements must be met. Yet it is likely that the nutrients that were identified earlier and those that are regarded to have major functions as tissue builders and energy sources will be more keenly and immediately perceived than inadequacy in other nutrients like Vitamin A or C. For instance, physical weakness is immediately felt when calorie intake is below the required level, whereas the effect of inadequate protein and calcium intake is observed only after some time. In the case of other nutrients, the effect of inadequate intake is not even obvious to lay men. This fact would then result in varied compliance with the various nutrient requirements, in spite of widespread nutrition education.

Income also determines the level of nutrition reached by families. Higher income families consume more food quantitatively and qualitatively. They are, therefore, likely to meet the recommended requirements of some nutrients more adequately than poor families. This is true for calorie and protein requirements. It is also possible that because they have a more varied diet, higher income families are able to consume a greater variety of nutrients. On the other hand, it may be true that what is popularly considered better-quality food may have poor nutritional value. In this case, income would have a negative effect on the level of nutrition. In general, however, income-nutrient relationship is positive for nutrients that come from superior items and negative for nutrients that come from inferior items.

Families must now meet two constraints — income and the set of recommended nutrient requirements. The housewife's calculation becomes more complicated for she has to consider the preference ordering of her family among substitutes for a particular nutrient, and its own preference ordering for particular foods irrespective of

nutrient contents. A stereotyped Western meal practice is to bribe a child to eat his vegetables by promising him his favorite dessert. Other than this, the housewife may serve a balanced diet which includes a favorite dish, or serve this dish on top of the balanced meal.

From the discussion, we see that two factors may prevent the achievement of the recommended nutritional requirement: low income and lack of knowledge of basic nutrition. Either one or both can explain poor nutrition of families.

There has been some effort to spread nutrition education through both formal and non-formal education media. The extent and effectiveness of the country's nutrition education may be gauged from the level of nutrition attained by families who could otherwise afford to meet the nutrient requirement. In view of the country's low per capita income and very unequal income distribution, cannot be assumed that all families can afford a nutritious diet. In this case, we have to find out what would be the minimum cost of meeting the nutrient requirement of the typical family and see what proportion of families can meet the requirement. This was done in this paper by the application of a linear cost-minimization program to selected localities.

Minimum Cost Diet for Manila, Legaspi, Roxas City, and Ilocos

The Food and Nutrition Survey also collected the prices of food items in the locality surveyed. There is a detailed food table for the Philippines which includes processed and fresh food items. From the raw data, we tabulated the food items consumed by families in the locality studied and their corresponding prices. We assumed these items to be the available substitutes in the locality. From the food table, we obtained for each of these food items, their corresponding nutrient contents. Eight nutrients were used, namely: carbohydrate, protein, fats, calcium, iron, thiamine, riboflavin, Vitamin C, and total calories.

We performed this exercise for a family of six consisting of a moderately active couple and children, one belonging to each of the ages 0-3, 4-7, 8-12, 13-18. We estimated the recommended daily requirement of each nutrient for this model family. Given the prices of the food items available in the market and their corresponding nutrient contents (obtained from the food table), we solved for the

minimum cost food combination that would meet all the nutrient requirements for this type of family. To reduce programming costs, the items that were obviously expensive sources of nutrients were eliminated. Cucumber, some popular varieties of squash and cheese, for instance, were eliminated. Peripheral items such as sugar, coffee, and spices which cannot form the bulk of the diet even if they happen to be rich in either fats or principal nutrients such as calories and protein were also not included. This was done to avoid getting absurd results. When we included sugar in the first exercise, for instance, the solution showed that sugar is the main source of calories. This obviously proved to be an impractical solution.

This exercise was repeated in Manila for two sets of data: 1958 and 1973 prices; Ilocos Sur 1960 prices; Roxas City 1964 prices; and Legaspi City 1962 prices. The resulting minimum cost combination of food items and the minimum cost budget for these localities are given in Table 4. The list of food items used in the program consisted of about 25 items.

The results are not encouraging in the sense that the minimum cost budget for a family of six in the province until 1969 was about P8.00 per day. In 1969, the minimum non-farm wage being P6.00 per day, the minimum cost basket could absorb about 1/3 of the wage. In 1958, the minimum wage was P4.00 per day. Food consumption needed to meet the recommended diet could be met by just a little over 1/3 of the minimum wage. In 1973, however, after the long stretch of great inflation beginning in 1969, the required budget went up to P6.86. This absorbed almost 7/8 of the prevailing minimum wage of P8.00 per day. These results show the worsening condition of the real income as a consequence of the recent inflation.

From the Bureau of Census survey, we could see the proportion of families which could meet the recommended requirement as determined by their food expenditure. Assuming that families have the same family composition as our model family and that, on the average, P2.00 could buy the minimum cost diet in 1960, and P4.00 in 1970, the proportion of families that could meet the recommended diet was 90 per cent for 1960 and 100 per cent for 1970. In contrast, we find in Tables 1 and 2 and Charts 1-5 that a substantial proportion of families do not achieve an adequate diet in spite of their capacity to meet the nutritional requirement. In Charts 1-5, we plotted the nutrient intake against income for families of six. The level of adequacy is shown not to be too strongly related to the budget for food.

How attractive is the solution basket likely to be for Philippine families? In Manila, for instance, it may not be very attractive. A typical basket of Manila families which belong to the lower income groups is much more varied than the solution basket. Instead of eating one kind of vegetable, Manilans usually combine a variety of them. The "sinigang" or "bulanglang" is a very popular recipe, a mixed vegetable stew which may contain either fish, pork, or beef, with simply a dash of fish paste as the budget permits. So we find in the solution baskets bought by many families a little of a number of things, never a number less than the five items we have in our solution.

In the provinces, farmers and fishermen spend on fewer items. This might be explained by the non-availability of many alternatives. But in general, families prefer mixed vegetable dishes.

Nutritionists must find a way then to substitute our solution for the items as the basic items in the recipes. For example, in place of eggplant or white squash, they may suggest kangkong, malunggay, or camote tops or in place of a smudging of pork, they can advise families to buy a larger quantity of anchovies or mackerel or tuna.

The approach suggested here for nutrition education is to begin with instruction on the required diet, and to find low-cost combinations that would meet this required diet. The recipes should follow the recommended combinations, rather than the other way around, which is what is being done now. This approach would be a big improvement on the "Guide to Good Eating" as discussed earlier.

The program may also be applied to increasingly more varied diets such that we specify some minimum amounts of popular items and constraints. The resulting cost minus the minimum cost combination using an unconstrained selection of items could be considered the marginal cost of the more varied diet. The cost minimization program may as well apply to the choice between artificial feeding and breastfeeding of babies.

Determinants of Nutritional Levels

The nutritional level achieved by a family depends on the basket of food it decides to buy. This, in turn, depends on the family's taste, the relative prices of available alternatives, and income. As we discussed earlier, knowledge of nutrition is likely to influence the family's taste for food and push the family to attain higher rates of

ditional requirements. Since we have no information on knowledge of nutrition, we will use as a proxy variable the number of years of schooling of the household head, assuming that nutrition education is included in the content of formal education, and that learning about nutrition through non-formal education media increases with the level of schooling.

The linear program results show that families of six members whose food expenditures fell below P2.00 per day between 1964 and 1969 simply could not meet the nutritional requirements. But since the majority of families fall above this expenditure, they can be expected to meet the nutritional requirements if they decide to do so. Hence, we can hypothesize the following function:

$$NR_i = f(C, E)$$

where NR_i = the nutrient rating defined an intake as a ratio of the recommended nutrient i for the particular family

C = per capita food consumption (the variable used instead of family income, the latter not being available)

E = the level of schooling of the head of the family given in number of years of schooling

i = 1, 2,, 10 nutrient types

This equation was tested for the nine nutrients and total calories using linear regression. About 500 individual observations were used in regressing

$$R_i = a + b_1 E + b_2 C + u$$

where E is the education of the head of the family, C is its per capita food expenditure, and u is the error term.

The results show that education is not a significant determinant of nutritional level except in the case of fats. The coefficients are not significant and have the wrong sign. (Table 5)

Per capita consumption consistently explains the nutrient intake achieved by families. The positive sign for each of the 10 nutrients tested is as expected; and the t values are all very high, indicating a significance level of one per cent for the regression coefficients. However, the explanatory power of per capita consumption is very high and varies among nutrients, ranging from as low as $R^2 = 0.02$ for thiamine to $R^2 = 0.41$ for protein. The income elasticities are all less than one. These results — low R^2 and low income elasticities — indicate that we cannot rely too much on changes of income to improve the level of nutrition in the Philippines. In fact, nutrition education can achieve a lot in initiating positive attitudes that are more consistent with nutritional requirements because of the very limited nutrition education program. The results of the linear program exercises undertaken in this study indicate that it is possible for almost all Philippine families to achieve a nutritious diet. We have found out that even families in the lowest income bracket (less than P500 per year) spent more than P2.00 per day for food in 1965. The minimum cost solution for many provinces was about P2.00 in 1965-1969. Many rich food items such as malunggay, camote tops, and kangkong are rich in all nutrients except fats and protein and these are relatively cheap in the market. Yet, these are considered inferior items in the Philippines.

An alternative test of the hypothesis is to regress nutrient intake with the recommended allowance and income variable. The more nutrition education communities receive, the closer will be the intake between recommended and actual intake. The results are given in Table 6.

We divided the sample into two education groups — those with 1-6 years and those with 7-10 years of schooling. We would expect a stronger correlation between recommended and actual intake for families with longer years of schooling. For the more poorly educated group the explanatory power of recommended intake is very low except for calories and niacin. We may interpret these results for calories and niacin as spurious. As argued earlier, the deficiency or excess in calorie intake is manifested clearly in the individual even without his knowledge of nutrition. Hence, we can expect a significant correlation between recommended and actual intake. The stronger correlation between these two variables for those with more schooling may be due to their higher income.

For both education groups, there is significant correlation between the recommended and actual intake for two unknown nutrients

protein and niacin. This significant correlation could be due to traditional eating habits which happen to include food rich in protein and niacin. The over all results seem to show a spurious relationship between recommended and actual intake. We may conclude from these results either a lack of or ineffectiveness of nutrition education.

Marginal Nutrient Intake

As we see in Table 3, the recommended requirements are set for various age groups, sex, and intensity of activity. These requirements may also be considered as the marginal required nutrients, so that, for instance, if a family adds to its membership a child of age 0-3, the marginal increase in the set of recommended nutrient requirement may be 40 grams of protein, 1 gram of calcium, 1,200 grams of calories.

In the nutrition survey, the age and sex composition of the family are given. If we regress the nutrient intake with the number of members in each age - sex group, we can see the actual marginal nutrient intake of families. The observed marginal intake for each age group is then compared with the recommended intake for the same group. We have the following function:

$$G_i = f(S_1, S_2, S_3, S_4)$$

where G_i = the nutrient intake expressed in grams

$i = 1, 2, 3 \dots \dots 10$ nutrients

S_1, S_2, S_3, S_4 = Number of members of ages
0-3, 4-7, 8-12, 13-18

The regression is performed with income controlled using individual observations from the surveyed Visayan region. We see the results in Table 6. In the table, the recommended intake is written above the observed marginal intake. The observed intake is, as explained above, the regression coefficient for each age - sex group when the linear regression specification is used. By controlling the budget, we are able to isolate the effect of the size of a particular age - sex composition on intake.

The signs of the regression coefficients are practically all negative. This is opposite of what could be expected. It would seem that an addition to the family lowers the total family intake. This is true even for families with total daily food expenditure of P6.00 or more. These results complement the regression results relating actual recommended intake for the families in the sample.

Summary of Results

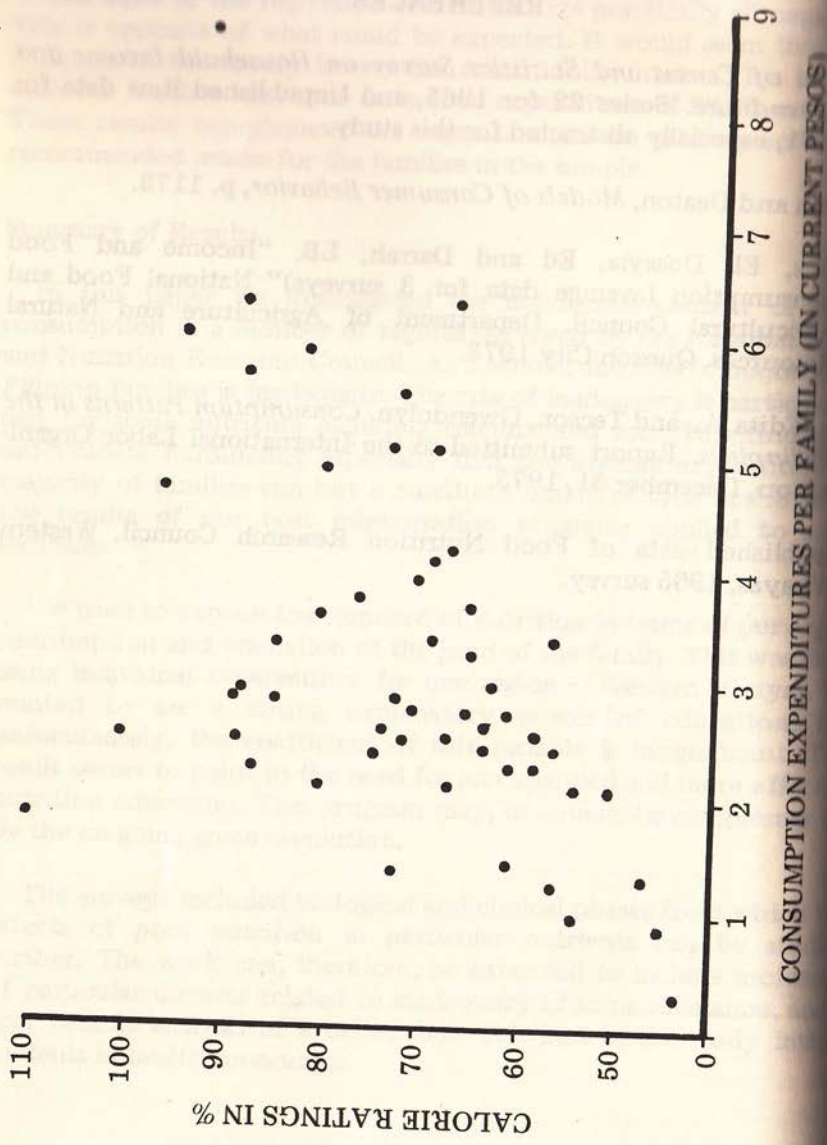
In this paper we investigated the nutritional content of food consumption in a number of regions surveyed by the National Food and Nutrition Research Council. As a whole, the diet of majority Filipino families is inadequate. The rate of inadequacy is particularly bad for some nutrients including calcium and fats. This finding is unfortunate considering especially that the average expenditure of majority of families can buy a nutritious basket of food as shown by the results of our cost minimization programs applied to some localities.

We tried to explain the standard of nutrition in terms of per capita consumption and education of the head of the family. This was done using individual observations for one region — Western Visayas. We wanted to see a strong explanatory power of education, but unfortunately, the coefficient of this variable is insignificant. The result seems to point to the need for an expanded and more effective nutrition education. This program may, of course, be complemented by the on-going green revolution.

The surveys included biological and clinical phases from which the effects of poor nutrition in particular nutrients can be studied further. The work can, therefore, be extended to include incidence of particular diseases related to inadequacy of some substance, and a cost benefit analysis of a better diet. This part of the study invites students in health economics.

REFERENCES

- Bureau of Census and Statistics Survey on Household Income and Expenditure. Series 22 for 1965, and Unpublished Raw data for 1971, especially abstracted for this study.
- Brown and Deaton, *Models of Consumer Behavior*, p. 1173.
- Santos, El, Dosayla, Ed and Darrah, LB, "Income and Food Consumption (average data for 3 surveys)" National Food and Agricultural Council, Department of Agriculture and Natural Resources. Quezon City 1973.
- Yao, Edita A., and Tecson, Gwendolyn. *Consumption Patterns in the Philippines*. Report submitted to the International Labor Organization, December 31, 1973.
- Unpublished data of Food Nutrition Research Council, Western Visayas, 1965 survey.



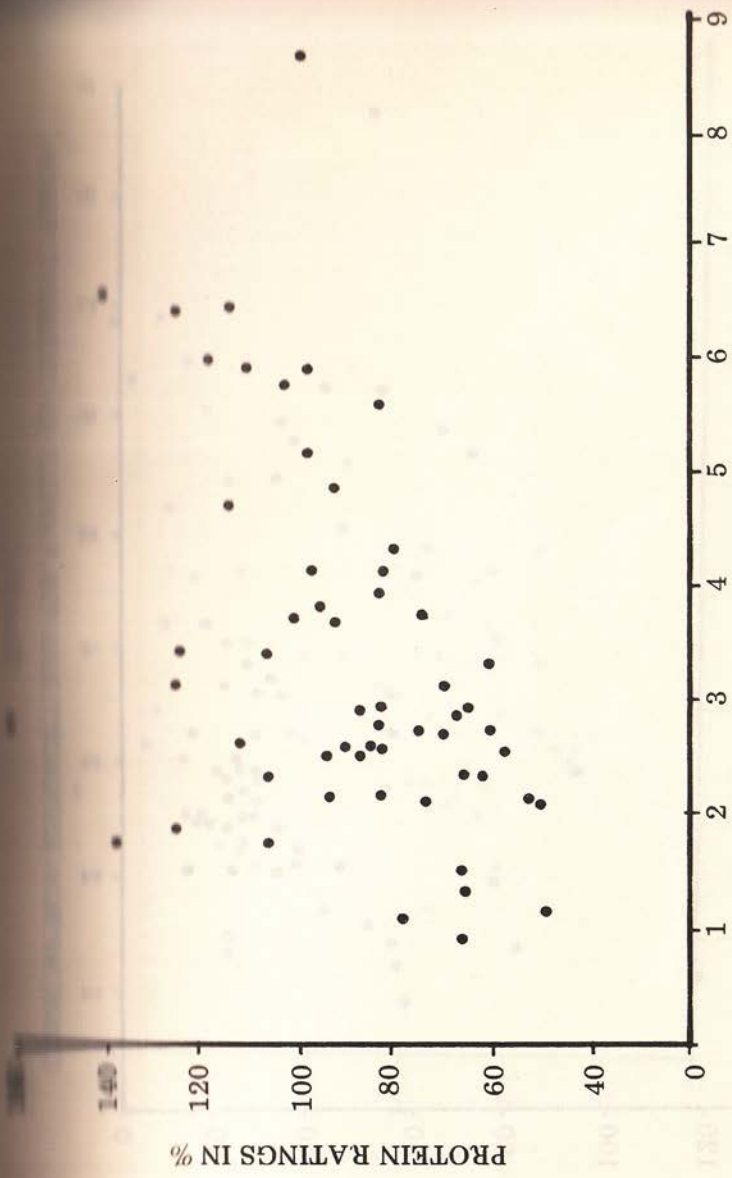
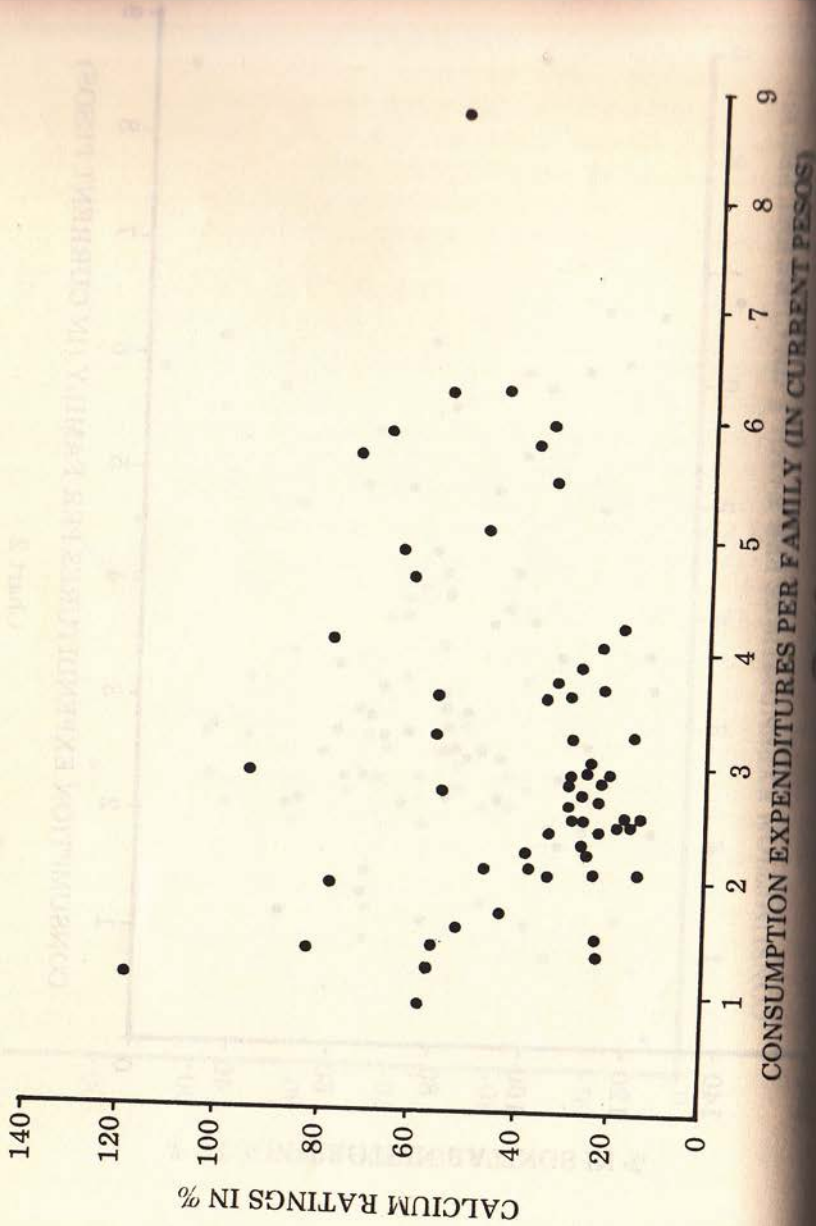
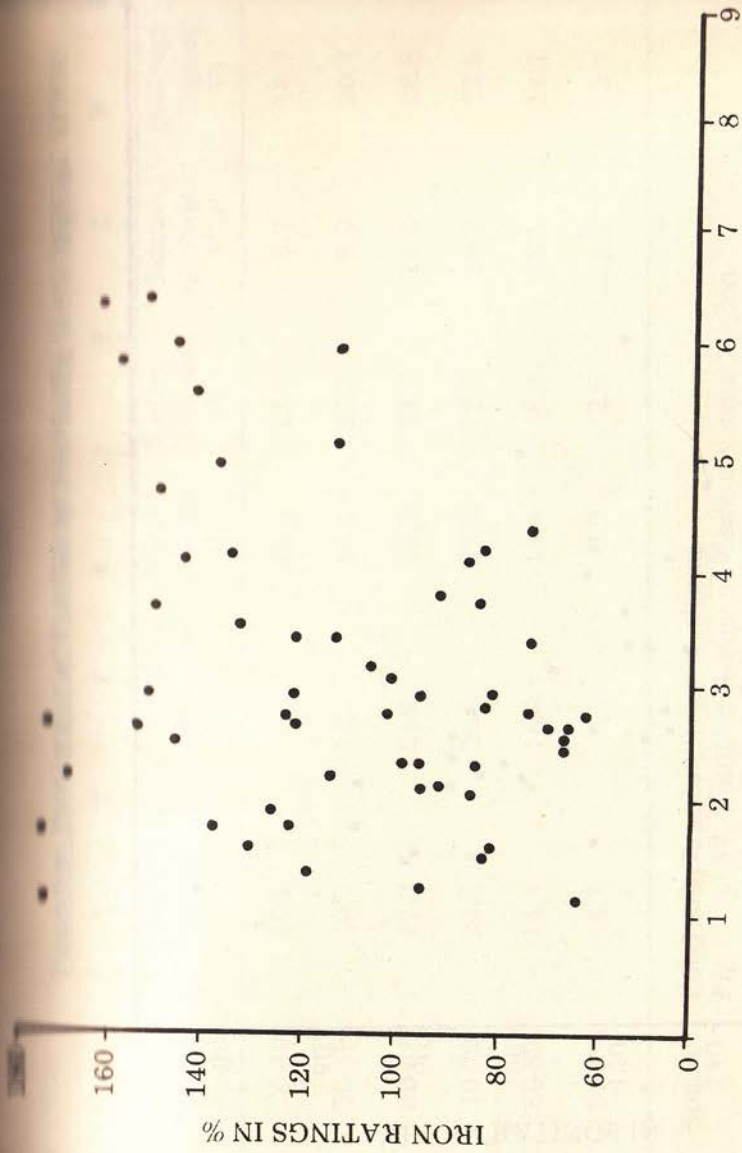


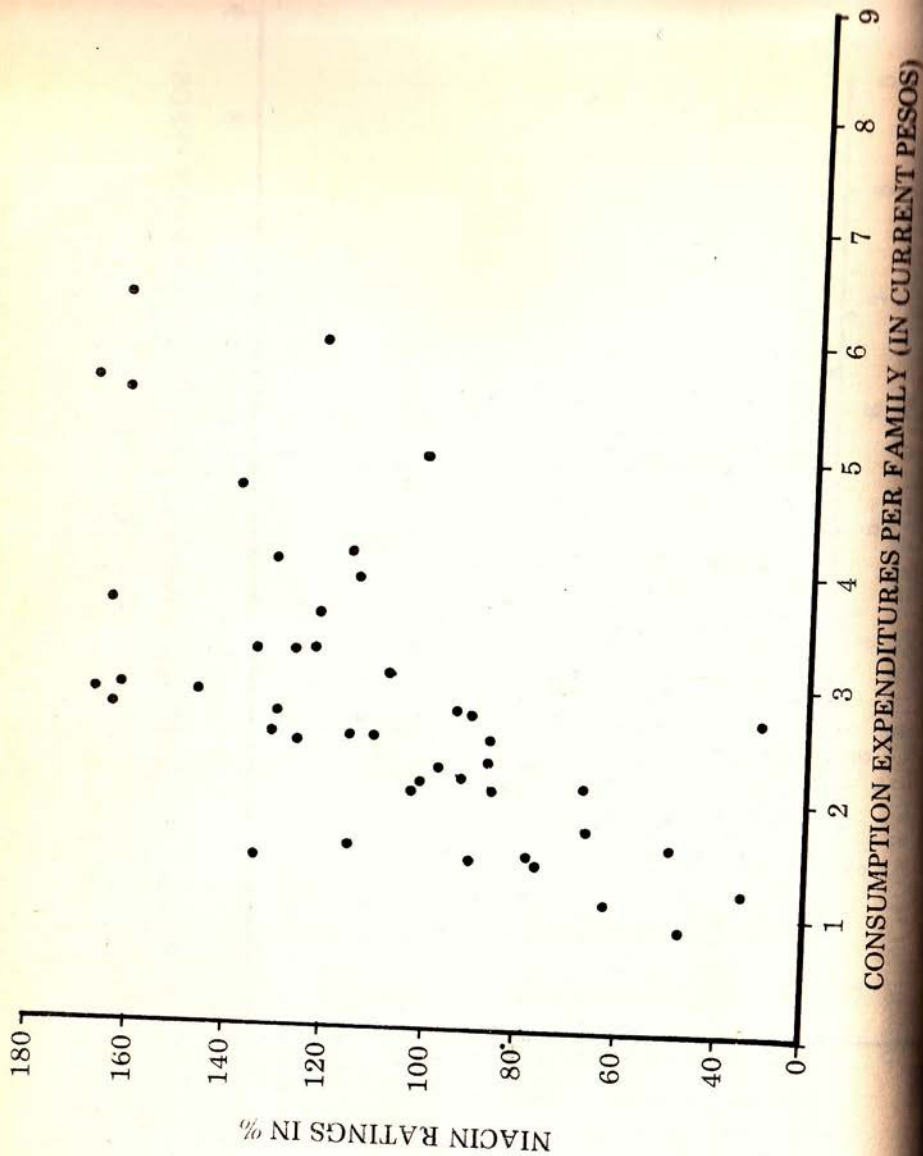
Chart 2
CONSUMPTION EXPENDITURES PER FAMILY (IN CURRENT PESOS)





CONSUMPTION EXPENDITURES PER FAMILY (IN CURRENT PESOS)

Chart 4



Percentage Distribution of Families by Diet Rating in Six Regions

Percentage Adequacy	Western Visayas I	Cagayan Valley Batanes Region II	Metro Manila III	Eastern Visayas IV	Ilocos Mt. Prov. V	Southern Tagalog VI
0-49	10.2	9.9	10.5	21.6	3.7	14.7
50-59	19.7	14.3	15.4	26.5	6.9	20.4
60-69	27.2	24.6	19.2	23.8	18.3	28.8
70-79	23.8	28.7	27.6	17.3	29.9	22.6
80-89	14.4	18.4	18.4	8.2	28.1	11.1
90-100	4.7	4.1	8.9	2.6	13.1	2.4

Source: Food and Nutrition Research Center

Fig. 7 p. 37, Nutrition Survey of Western Visayas Region

Fig. 8 p. 45, Nutrition Survey of the Cagayan Valley & Batanes Region

Fig. 8 p. 39, Nutrition Survey of Metro Manila

Fig. 7 p. 39, Nutrition Survey of Eastern Visayas Region

Fig. 8 p. 42, Nutrition Survey of Ilocos — Mt. Prov. Region

Fig. 7 p. 39, Nutrition Survey of Southern Tagalog Region

TABLE 2

Percentage Distribution of Families by Percent Distribution in Various Nutrients
Western Visayas, & Cagayan Valley

Percentage Adequacy	Vitamin A										Ascorbic Acid							
	Calories	Protein	Calcium	Iron	Thiamine	Ribo-flavin	Niacin											
0-49	6.6	2.3	3.3	2.3	66.7	74.4	1.3	.3	56.9	45.0	32.9	29.0	76.9	71.3	4.2	9.8	37.1	23.2
50-59	10.3	6.5	6.6	6.4	13.2	8.5	1.3	2.0	8.3	12.9	15.8	22.8	10.9	13.9	3.7	3.0	9.1	7.8
60-69	21.0	17.0	9.9	12.2	5.6	6.4	3.3	1.0	5.8	9.8	10.1	16.0	6.0	6.4	3.7	3.0	6.4	7.5
70-79	24.0	26.9	15.3	19.4	2.9	4.0	6.4	3.0	5.8	6.8	6.4	10.9	2.1	4.0	3.5	3.0	5.0	9.2
80-89	17.5	16.0	15.6	16.3	2.1	1.3	7.8	5.8	4.4	6.8	8.8	7.1	1.7	3.4	5.8	7.8	7.2	7.8
Above 90	20.3	31.3	49.0	43.0	9.1	5.1	79.6	87.7	18.5	18.4	26.9	13.9	2.1	.6	78.9	63.4	34.9	44.3

Source: Food and Nutrition Research Center
Survey of Western Visayas
Table 8 p. 29
Survey of Cagayan Region
Table 8 p. 36

TABLE 4

Minimum Cost Basket
for Ilocos Sur, Roxas City, Legaspi City, and Manila

Minimum require- ments (grams)	Required Quantity in 100 g.	Carbohydrates		Proteins		Fats		Calories	
		per 100 g.	total	per 100 g.	total	per 100 g.	total	per 100 g.	total
Ilocos Sur — 1960									
X ₁ Rice	26.432	80.8	2136	7.4	196	0.5	13	368	9727
X ₃ Malunggay	7.693	12.8	98	5.9	45	1.8	114	0.75	6
X ₄ Mongo	0.387	64.6	25	24.4	9	1.0	1	356	138
X _{1,2} Camote	4.427	32.3	143	1.1	5	0.4	2	136	602
X _{1,7} Bagoong	3.000	0.2	1	14.9	45	1.0	3	73	219
X _{2,2} Oil	1.029	0.0	0	0	0	99.9	102	883	909
			1675		300		135		11600
Roxas City — 1964									
X ₁ Rice	14.204	80.6	1148	7.4	105	0.5	7	368	5227
X ₈ Kangkong	21.030	4.4	93	3.4	71	0.6	13	30	631
X _{2,1} Dilis	3.000	0	0	17.9	64	1.1	3	86	258
X _{2,4} Milk	39.173	11.1	445	7.0	274	7.9	302	140	5484
			1686		514		325		11600
Legaspi City — 1969									
X ₂ Rice	10.000	80.8	808	7.4	74	0.5	5		

TABLE 5

Regression Parameters of Determinants of Nutrient Rating

Nutrient	a	$b_1(E)$	$b_2(\frac{C}{N})$	E_1	E_2	R^2
Calories	58.534	-0.289 (-0.766)	33.996 (11.954)	-0.016	0.250	0.272
Protein	58.265	-0.387 (-0.718)	65.652 (16.146)	-0.018	0.394	0.411
Calcium	28.077	1.364 (1.663)	23.837 (3.855)	0.124	0.283	0.065
Iron	91.876	-0.916 (-0.676)	87.458 (8.562)	-0.029	0.358	0.159
Vitamin A	33.352	0.791 (0.619)	38.525 (3.998)	0.058	0.370	0.051
Thiamine	66.838	-2.512 (-2.947)	28.529 (4.441)	-0.150	0.222	0.038
Riboflavin	16.890	0.781 (1.753)	35.428 (10.548)	0.084	0.495	0.274
Niacin	83.119	-1.832 (-1.843)	96.434 (12.867)	-0.061	0.418	0.286
Ascorbic	58.743	-1.980 (-1.276)	58.311 (4.982)	-0.103	0.394	0.052
Fats	-2.211	1.697 (2.146)	36.246 (6.080)	0.287	0.800	0.135

Figures in parenthesis are t values

E is educational level

C is per capita consumption of the family

E_1 and E_2 are the elasticities of E and $\frac{C}{N}$, respectively

TABLE 6

Regression Parameters of the Relationship
between Actual Intake and Required Intake

Variable	Intercept A	Regression Coefficient B	R ²	E
Schooling: 7-10				
Calories	142.430	0.769 (6.372)	0.340	0.925
Protein	38.811	0.390 (1.303)	0.021	0.354
Fats	28.664	0.021 (0.695)	0.006	0.060
Calcium	1.114	-0.600 (-2.229)	0.063	-1.037
Iron	8.635	0.405 (1.008)	0.013	0.281
Vitamins	3554.987	-0.209 (-0.448)	0.403	-0.295
Thiamine	-0.009	0.671 (3.503)	0.134	1.011
Riboflavin	0.660	0.030 (0.138)	0.00024	0.055
Niacin	3.995	1.096 (4.133)	0.178	0.775
Ascorbic	32.772	0.467 (88.517)	0.990	0.715
Schooling: 1-6				
Calories	301.719	0.610 (8.822)	0.155	0.817
Protein	39.27	0.169 (1.627)	0.006	0.190
Fats	13.950	0.013 (2.621)	0.016	0.067
Calcium	0.788	-0.348 (-2.988)	0.021	-0.807
Iron	5.929	0.556 (2.459)	0.014	0.417
Vitamins	857.006	0.320 (1.716)	0.007	0.582
Thiamine	-0.102	0.819 (5.640)	0.070	1.115
Riboflavin	0.420	0.065 (0.526)	0.001	0.172
Niacin	-3.249	1.547 (7.930)	0.129	1.215
Ascorbic	38.503	0.256 (0.979)	0.002	0.315

Regression Estimates Of Marginal Nutrient Intake For Each Age Group

Nutrients	Consumption Per Capita	Intercept A	Number in age 1-6	Regression Coefficient for			Elasticity R ²
				Number in age 9-12	Number in age 13-26	Adults	
Calories	required amount		1200.00	2050.00	2800.00	2450.00	
	0 - 1.99	1930.40	-148.77	-137.29	37.60	-30.47	0.27
	2.00 - 2.99	2154.25	-154.58	-110.96	-53.67	-56.86	0.27
	3.00 - 3.99	2447.68	-222.92	-86.15	-65.72	-51.17	0.47
	4.00 - 4.99	2370.79	-198.05	-77.03	-79.64	-32.39	0.51
	5.00 - 5.99	2359.43	-133.81	-126.45	-27.34	-45.73	0.37
	6.00 - above	2531.06	-121.95	-130.97	-29.55	-41.45	0.38
Protein	required amount		42.50	51.50	72.50	50.00	
	0 - 1.99	56.01	-4.61	-5.16	0.29	-0.02	0.27
	2.00 - 2.99	67.86	-5.42	-4.84	-3.34	-1.82	0.36
	3.00 - 3.99	76.42	-7.68	-2.56	-3.43	-1.83	0.51
	4.00 - 4.99	82.45	-6.51	-4.06	-2.82	-2.99	0.55
	5.00 - 5.99	67.71	-3.06	-3.93	-1.29	-0.52	0.35
	6.00 - above	81.58	-4.08	-4.16	-1.57	-1.16	0.37
Fats	required amount		12.50	35.00	97.50	40.00	
	0 - 1.99	16.22	-1.78	-1.79	-0.97	-0.67	0.11
	2.00 - 2.99	25.54	-2.30	-3.67	-2.31	-0.92	0.22
	3.00 - 3.99	27.18	-2.65	-2.39	-1.32	-0.72	0.18
	4.00 - 4.99	49.36	-3.33	-4.69	-5.59	-3.26	0.42
	5.00 - 5.99	56.99	-4.78	-3.74	-3.27	-4.43	0.52
	6.00 - above	58.48	-5.58	-6.41	-1.55	-0.60	0.45
Calcium	required amount		1.00	1.10	1.25	7.00	
	0 - 1.99	0.52	-0.07	-0.03	0.02	0.04	0.08
	2.00 - 2.99	0.61	-0.06	-0.04	-0.06	0.001	0.09
	3.00 - 3.99	0.54	-0.05	0.01	-0.06	0.02	0.13
	4.00 - 4.99	0.66	-0.03	-0.05	-0.05	0.001	0.09
	5.00 - 5.99	0.71	0.01	-0.10	-0.002	-0.04	0.29
	6.00 - above	0.69	-0.02	-0.05	-0.01	-0.02	0.16
Iron	required amount		5.00	5.00	9.50	8.00	
	0 - 1.99	11.42	-1.34	-0.65	0.04	0.39	0.23
	2.00 - 2.99	15.63	-1.35	-1.29	-0.67	-0.73	0.15
	3.00 - 3.99	18.59	-2.22	-0.34	-1.43	-0.85	0.31
	4.00 - 4.99	16.72	-1.36	-0.68	-1.12	-0.72	0.45
	5.00 - 5.99	16.74	-0.83	-0.85	0.27	-0.91	0.17
	6.00 - above	17.72	-0.65	-1.55	0.41	-0.30	0.25
Thiamine	required amount		0.50	0.90	1.25	1.50	
	0 - 1.99	1.12	-0.13	-0.12	-0.08	0.01	0.19
	2.00 - 2.99	0.90	-0.04	-0.003	-0.04	0.02	0.03
	3.00 - 3.99	1.00	-0.06	0.00005	0.04	-0.02	0.06
	4.00 - 4.99	0.99	-0.05	-0.05	0.04	0.03	0.07
	5.00 - 5.99	0.73	-0.05	0.02	0.12	0.03	0.09
	6.00 - above	1.00	-0.05	-0.02	-0.004	0.005	0.10
Riboflavin	required amount		1.00	1.50	1.80	1.25	
	0 - 1.99	0.54	-0.05	-0.06	0.01	0.005	0.17
	2.00 - 2.99	0.87	-0.07	0.11	-0.05	-0.05	0.15
	3.00 - 3.99	0.73	-0.06	-0.03	-0.04	-0.01	0.20
	4.00 - 4.99	1.02	-0.06	-0.09	-0.06	-0.05	0.39
	5.00 - 5.99	1.03	-0.05	-0.05	-0.03	-0.05	0.14
	6.00 - above	1.11	-0.06	-0.11	-0.01	-0.03	0.43
Niacin	required amount		5.00	9.00	12.50	15.00	
	0 - 1.99	21.02	-3.19	-2.07	-2.16	-0.75	0.43
	2.00 - 2.99	22.43	-2.14	-0.70	-1.24	-1.23	0.26
	3.00 - 3.99	25.54	-2.62	-0.95	-1.33	-0.95	0.34
	4.00 - 4.99	24.36	-2.03	-1.13	-0.25	-0.20	0.29
	5.00 - 5.99	19.64	-0.90	-0.96	0.49	0.10	0.16
	6.00 - above	24.07	-1.31	-0.91	-0.36	-0.35	0.24
Ascorbic	required amount		42.00	67.50	87.50	76.50	
	0 - 1.99	47.68	-0.84	2.22	16.45	5.54	0.07
	2.00 - 2.99	39.88	30.47	-37.41	-13.98	18.54	0.03
	3.00 - 3.99	38.77	-4.89	-4.45	-4.78	-4.44	0.03