

Socio Economic and Environmental Challenges Contributing to Child Malnutrition in Village Sikandarpur Hairpur, Khyber Pakhtunkhwa, Pakistan

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Abstract

This research is qualitative, and the research design is exploratory and aims to explore the challenges, coping mechanisms, and health-seeking behavior of parents of children under 5 years of age. The locale for this research was BHU Sikandarpur, Haripur, Hazara KPK, Pakistan. Data was collected using qualitative methods, including interviewing, participant observation, and review of documents like daily diaries and jotting. Interviews were conducted with healthcare workers and parents of malnourished children to get an in-depth understanding of their concerns, worked closely with these parents to get first-hand experience. One important finding of the research was that socioeconomic status, environmental factors, and parental care all played a significant role in children's health. There were multiple barriers that parents face in providing proper nutrition to their children including lack of finances, food insecurity, lack of health education, and cultural practices. The study found that these factors could contribute to children's malnourishment and affect their overall well-being. The study also revealed that healthcare professionals face multiple challenges in providing care to malnourished children, including difficulties with administration, mental health, and other general challenges. The lack of resources, minimal workforce, overcrowded facilities, long waiting hours, and lack of empathy among the hospital staff added in making the situation more precarious. The study highlights the importance of faith, hope, strong will, and dedication as coping mechanisms among such parents. Despite the challenges, many parents demonstrated a deep sense of responsibility to keep their children safe and secure their futures. Parents were seen as determined to keep their children's health in good

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condition and tried their best to feed them properly, even though they had to sacrifice their meals. Programs focusing on women like educating them on health, family planning, providing skill training, and creating job opportunities will empower the women and make them self-sufficient reduce the risk of poverty and malnutrition in children.

Keywords: *Malnutrition, KPK, challenges, Healthcare, socioeconomic, child health, BHU*

Introduction

Health has always been a source of concern and a major shortcoming throughout the annals of history. It is associated with overcoming various types of diseases and making sure that people remain immune to such diseases and viruses. Along with that, health also engulfs the concept of good nourishment and healthy eating as per the needs of the human body. But to this day, both diseases and malnourishment surround mankind with all their might. The advancements in technology have given humans a great shot at beating and defeating viruses and diseases. But on the other hand, nations across the globe have not been entirely successful in overcoming the challenge of malnourishment. With the onslaught of the COVID Pandemic, the world was shaken to its core. People lost jobs, economies around the world collapsed at a rapid rate, and mankind got confined to their homes to negate the spread of the pandemic. All these factors teamed up to shove millions into starvation and hunger pandemic thus, further boosting the already existing malnourishment issue (OXFAM, 2021).

Malnourishment is a state of nutrition wherein an insufficiency or imbalance or overabundance of protein, energy, and different nutrients causes critical adversative consequences for tissue/body structure (body shape, size, and composition) and capacity alongside unquestionable outcomes in conditions of chronic weakness. Malnutrition is a nutritive insufficiency that is normally misunderstood, and malnutrition connects with children not devouring enough of the right food sources. Due to malnutrition, almost 170 million children are unable to reach their full potential. Four central points that add to malnutrition in children are low quality of diet, poor maternal health, socioeconomic status and war, and struggle (Save the children , 2019). It is assessed that malnutrition is the basic reason for 3.1 million children passing every year and prompts enduring harm for millions of others. A child's health is determined in the initial 1,000 days, from the time of mother's pregnancy to the child's subsequent birthday. Mothers who are malnourished during their pregnancy can encounter difficulties conceiving. Malnourished mothers also experience

difficulty breastfeeding their babies. Durable malnutrition is becoming serious in nations with the least resources, where 1 of every 3 children have hindered development. Today, 9 out of 10 hindered kids, about 139 million children, live in low-income nations (Save the children , 2019). An expected 41 million children under the age of 5 years' experience the ill effects of overweight condition or obesity, while 159 million are stunted and 50 million are taken advantage of (World Health Organization, 2020) Malnutrition happens to most usually in Southern Asia and sub-Saharan Africa. In non-industrial nations where disparity is high and nutritional abundance is low as compared to industrial nation where the situation is opposite (Lehewych, 2018).

There are unambiguous instances of countries like Uganda, where the pace of hindering because of malnutrition has diminished from 33% in 2011 to 29% in 2016. As a matter of fact, the government of Uganda and its partners the UN have an objective to thoroughly kill malnutrition by 2030. UN endeavors in conquering nutrition mediations have been exceptionally compelling in lessening the pace of malnutrition. Be that as it may, as indicated by the World Bank, endeavors to arrive at the 2030 objective would require an extra \$70 billion of financing by 2025. Financing itself is the evident driver of development. For instance, putting resources into Peru's malnutrition issue diminished hindering rates by 20% more than a long-term period (Kramer, 2015).

Over the recent twenty years, there has been a slight decrease in the recurrence of child malnutrition in Pakistan in comparison to other developing countries. The causative elements of malnutrition in Pakistan are low birth weight, deficient breast feeding and restrictive breastfeeding, unseemly corresponding feeding, maternal schooling, absence of appropriate information on sustenance, micronutrient consumption, equality, birth separating, family financial status, food weakness, unfortunate disinfection, immunization, and irresistible illnesses.

According to (UNICEF, 2019) around 177,000 children in Pakistan lose their life each year prior to the age of five because of absence of micronutrients like zinc and around 50 million people also have little to no admission of micronutrients. Numerous children are experiencing the ill effects of malnutrition bringing about physical and mental hindering in Pakistan. Pakistan ranks fifth on the globe in child malnutrition and third in child mortality due to insufficient food. As per National Survey, 2018, 4 out of 10 under 5 children are suffering from growth stunting in Pakistan. Almost 13% of children under five years' experience some type of utilitarian incapacity. Over half of the adolescent girls in Pakistan are anemic. Nearly 10 million Pakistani

children suffer from stunting. 8 out of 10 children in Pakistan do not eat right type and quantity of food (The Express Tribune, 2021).

Khyber Pakhtunkhwa faces numerous obstacles in the development and implementation of nutrition policies, strategies, and action plans that take a holistic approach to address nutrition issues. Nearly half of the province's children under age 5 are nutritionally stunted (47.8%). The prevalence of underweight children is 24.1%, while wasting prevalence is 17.3%. These figures have not changed significantly in the past decade (Planning and Development Department, Govt of KPK, 2013). In order to analyze the situation more carefully and to get knowledge of practical setting through theoretical framework, two important theories of Ecosystem and Maslow's hierarchy of needs are implemented in this research.

Methodology

This study used qualitative research method and it is exploratory in nature. Different tools and techniques were used during this research for data collection and data analysis. Methodology of interviews and participant observation were used to focus on centre of the study and maintain the level of this research so that it can find authentic, reliable and valid data. Focus was more on secondary data because collecting primary data on malnourishment was not easy as there is limited research by Pakistani agencies. Following techniques and tools were used in this research, key informant, rapport building, participant observation, interview guide, in-depth interviews and field notes.

Area of Study

KPK (Khyber Pakhtunkhwa)

The land of hospitality, comprehensive culture, mesmerizing landscapes, astonishing history, legendary conquerors, and a hub of tourism is called KPK. It is located in the north western region of the country. The total area of the province is 101,741 km². The Population of the province is 35 million with 52% males and 48% females, comprising of 11.9% of Pakistan's total population. The literacy rate of the province is 53%. It is the third literate province of the country. The youth of the province is complemented with extensive vision and innovative ideas to transform the province. The government is empowering them with employable skills to unleash their potential. About 50% of the Khyber Pakhtunkhwa's population is young. It is evident by statistics that the province,

comprising of majority of youth, has extensive potential to contribute to a prosperous country (District Government Haripur, 2022).

This research was conducted in **Haripur** on the impacts of socioeconomic and maternal conditions on the health of children under 5 years of age. Haripur is the main city of the Haripur District in Hazara, KPK in Pakistan and Sikandarpur is one of the 44 union councils of Haripur (District Government Haripur, 2022). It has the majority of people migrated from other Northern and Southern areas of Pakistan. Mainly people were Pathans.

Sampling and Sample size

Sample is the part of the population which the researcher studies. It is the representative of that community which gives the opinion of that research topic. Children under 5 years of age were target population and the criteria of sample was parents of the children suffering from malnourishment in Haripur. Sample size in research is the number of people that will be selected from a particular locale. So, 8 mothers of malnourished children and 2 lady health workers, and 1 doctor were selected as this study respondents and tried to get maximum data. The sample frame is the data records in the DHO and BHU and two sampling techniques were used which were convenience and snowball sampling. As this is qualitative research so for avoiding ambiguity, non-probability sampling technique was used because very few numbers of the population had a chance of getting included. Convenience sampling was used because it was the most effective, and simple to implement and helped this study a lot to get the desired sample. Snowball sampling is a sampling strategy utilised by researchers to produce a pool of participants for a research concentrate on through references made by people who share a specific quality of research interest with the objective populace. After getting sample through convenient sampling snowball sampling was used because of unavailability of the desired sample. Using snowball sampling technique helped to reach desired sample and collect accurate data.

Results

This study help us to understand the coping strategies they utilized for overcoming and coping up with the prevailing challenges. The focus on health care and accountability by the government has been highlighted by the parents an as urgent need because children are dying, they are weak and our future is threatened. There was more distress and trust issues of parents for hospitals. The focus

is on spreading awareness regarding malnourishment. There should be more provision of advocacy and awareness campaigns for both health care workers and parents of malnourished children. The general public perceptions regarding malnourishment led to the delaying of treatment and non-cooperativeness owing to the myths, misconceptions and misinformation, and distrust for the healthcare workers which ultimately resulted in increased cases of malnourishment but with no proper records.

Some of the respondents stated that they take their children to BHU as they cannot afford private medical expenses and do not have money for traveling to city. We saw a visible difference after giving the RUTFs to our children which is why we keep going to BHU having the hope that this time they might have RUTFs. Some of the respondents also stated that they never trusted the doctors before until the RUTFs showed their impact and they saw the hope coming. This is why Pakistan needs a good healthcare system. For data collection this study includes thematic analysis for responses.

1. Obstacles of the Healthcare System Faced by Parents of Malnourished Children

The first theme focuses on the challenges faced by parents and how they look into them. Taking into account the in-depth interviews, multiple challenges have been identified for the parents as they highlighted what they saw as a challenge for them. A female doctor in her early 40s was interviewed. She stated,

“In Pakistan, parents of malnourished children face a number of obstacles when trying to access health care. One of the biggest barriers is the lack of healthcare infrastructure, particularly in rural areas. Many households are living out of reach to the nearest health facility for their distance in kilometres, and poor transportation systems or the bad condition of the roads becomes a challenge. Additionally, healthcare facilities lack basic medicine, equipment, or diagnostic tools, making it difficult to diagnose and treat malnutrition properly. Lack of trust in the healthcare system, preference for traditional medicine.”

On asking upon solutions she responded,

“To tackle these challenges, it's important to invest in health care infrastructure, increase access to health care in rural areas,

promote public health campaigns to decrease the stigmas associated with malnutrition and bring about awareness, integrate mental health and psychosocial support in primary health care, and improve government policies and programs to support low-income families."

2. Lack of Medical Supplies

There was this constant challenge of the unavailability of medicine that is given to malnourished children. The low availability of medical resources resulted in more challenges for parents and patients. During fieldwork in interviews with respondents, the most common problem faced by all of the respondents was the lack of medicinal drugs used to treat malnourishment that is RUTFS. First respondent was a female lady health worker who was 34 years old. As the interview went on, she talked about the challenges she faced as a healthcare worker with the lack of medicinal resources being the most prominent of all.

She responded,

"From the first day COVID started we don't have medicine, government did not send us those medicinal chocolates that are given to children who are suffering from any form of malnourishment be it acute, severe, or moderate." (Respondent 1)

She also explained,

"We had a lot of workload and burden and had no access to chocolate. We tried our best to console the mothers and make them understand the situation well regardless of the circumstances."

After my first visit, I decided that I will be visiting BHU every Wednesday because she told me that on Wednesday there are more chances for me to get my desired sample as there is always a huge crowd in BHU on that day because it is a vaccination day."

3. Increased Demand for RUTF

The unavailability of medicine was the biggest problem which gave rise to a number of other problems such as higher stress parents, worsen health conditions, and no data records for current or future times.

Respondent 1 stated,

"It gets very hard to make parents understand that it is not our fault if don't have medicine, people think we misuse medicine and lie to them about unavailability."

Respondent 2 has a similar answer,

"We also provided counseling to the parents along with treating their malnourished children within our limited capacity."

"Even people from other union councils come to get the RUTF, it takes a minimum of 8 weeks and maximum of 16 weeks to get better during the treatment and after getting RUTFs."

4. No Data Records

Due to COVID-19, the RUTF program got shut and people who were coming for treatment of their children were unable to get medicine, so they stopped coming which led to no data records for malnourished children.

When asked about recorded data, Respondent 1 answered,

"We still put data but just the name and not the phone number or address because that is of no use without the medicine."

Respondent 2 stated the importance and reasoning of entering data, she said:

"Normally we record data because we use it to call the parents for treatment but these days since the pandemic we didn't need to call anyone as we didn't have any drug available even though we had to send people back because of the unavailability of RUTF."

5. Lack of Awareness Campaigns

Lack of training is yet another challenge when it comes to working with children and especially in a time when it is more of an emergency situation like the COVID-19 pandemic. The healthcare system faced a great challenge when the pandemic struck as respondents highlighted in their interviews that they had not received training regarding disaster preparedness. Moreover, there weren't enough healthcare workers to be working in a designated department.

According to a Respondent,

"No, we didn't receive any sort of training and it's been more than 20 years I am serving as a lady health worker and I have not seen any efficient pieces of training."

6. Unreliable Healthcare System

Pakistan's healthcare system has been emphasized as an unstable system not capable of sustaining new systems or curbing a higher degree of patient load. Many respondents complained how there is a dire need to improve and fund Pakistan's healthcare system. One of the respondents explained that the healthcare system of Pakistan is not capable of catering to a higher load of patients or operating a new system if put in place.

A Respondent stated,

"There is definitely a need to make changes in Pakistan's Healthcare as there are limited resources and then access to those scarce resources is also a hassle."

Another Respondent answered,

"There are a lot of changes to be made to Pakistan's healthcare system. Healthcare workers should be given incentives to keep them working in Pakistan instead of seeking opportunities outside of the country. There should be pandemic preparedness training and activities. They should train the new generation since we will be retiring soon."

Discussion

This study aimed at understanding the challenges faced by the patients and their parents along with healthcare workers. This study also helped to understand the coping strategies people utilized for overcoming and coping up with the prevailing challenges. Research for this study was conducted at the District Health Office and BHU Sikandarpur, the sample was extracted through BHU and then using snowball sampling technique for valid data. The research participants consisted of doctors, Lady health workers, and parents who have been facing issues with malnourishment. Data for the research was collected through a semi-structured interview guide, in-depth interviews, participant observation, and a daily diary. The research identified the prevalent and underlying challenges experienced by the parents of Malnourished children and children themselves. It also

highlighted the mental health challenges in addition to the administrative, and environmental inculcating socioeconomic and parental challenges encountered by the children and their parents. Identification of all the challenges outlined by the parents resulted in bringing into light the coping mechanisms of the healthcare system.

The new biggest constraint was COVID-19, it interrupted almost all functions of the healthcare system and especially malnourished children suffered the most because of the unavailability of RUTFs. There was a lot of uncertainty owing to the lack of information and the unavailability of RUTFS. The situation of malnourishment has gotten worsen in Pakistan especially with these on-going climate crisis and floods, but the children of KPK suffered the most when COVID-19 and since then they don't have RUTFs that are important for their lives and survival.

The challenges that the parents faced due to the malnourishment of children affected their mental health on multiple levels. There was a lot of fear, anxiety and depression due to lack of information fear of death of loved ones, higher mortalities and unavailability of RUTFs. The reason for malnourishment was poor living standards and poor quality of life. Having disease of malnourishment affected patients and parents physical and mental health There is a lot of stigma attached to the mothers of malnourished children specially which lheads to the social isolation of the parents and mostly mothers,, isolation from families and friends which had a huge impact on their mental health resulting in feelings of anxiety and depression. However, mothers seemed quite hopeful despite all the hardships they are relying on hope, faith and the will pprotect their children.

Conclusion

This study highlights that excessive malnourishment among children in village Sikandarpur, Hairpur, Khyber Pakhtunkhwa is not the result of single factor but a complex interplay of poverty, limited access to healthcare, knowledge related to nutrition and cultural practices. The findings underscore the urgent need for community-based interventions that focus on improving dietary awareness, strengthen healthcare services and which address economic barriers. The only way for Pakistan to end malnourishment is to work on its health sector. A small increase in investment in the health sector can save the future of Pakistan. Malnourishment in children is a serious public health concern. It can have negative effects on a child's physical development, cognitive functions, immune system, and overall health. As children who are malnourished are at an increased risk of developing a range of health problems, including stunting, wasting, and micronutrient deficiencies. Addressing malnourishment in children requires a coordinated and multi-pronged approach that

involves addressing the underlying causes of malnourishment, such as food insecurity, poverty, and lack of access to healthcare. In addition, there is a need for education and awareness campaigns to help parents and caregivers understand the importance of providing children with a balanced and nutritious diet. Supporting breastfeeding, improving physical and financial access to food, clean water and sanitation, vaccination, and routine checkups, all can help to combat malnourishment in children. The government, healthcare providers, and other relevant organizations and stakeholders also have an important role to play in ensuring that children have access to the resources and support they need to grow and develop properly. Malnourishment is a preventable condition with the right policies and interventions in place it can be dealt with effectively. As malnourishment is not only an individual but also a societal issue, it is imperative to address it timely so that the future generation has the opportunity and resources to grow healthy, productive, and reach their full potential.

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