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Qualitative Analysis of Socioeconomic factors influencing child malnutrition Tehsil Adenzai, District Dir (Lower), Khyber Pakhtunkhwa, Pakistan

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Abstract: *The objective of this study is to find out the socioeconomic determinants of childhood malnutrition in Tehsil Adenzai, District Dir (Lower), Khyber Pakhtunkhwa, Pakistan. The study sought to determine the determinants of malnutrition among children <5 years of age on three levels: a) care practices provided by mothers, b) socio-economics conditions and c) access to health services and nutrition education. We used a mixed-methods study design, which included quantitative survey data and qualitative in-depth interviews with 30 mothers and caregivers. The findings showed that low household income, food insecurity and the consequent reduced access to nutritious foods as primary economic determinants of malnutrition. Moreover, poor maternal education and caregiving practices were significantly associated with under nutrition among children. Furthermore, the availability of healthcare services and nutritional education was found to be low among communities, particularly in rural areas that worsened the issue of malnutrition. Moreover, environmental conditions that contributed significantly to malnutrition too — most notably poor sanitation and lack of access to clean water (which carry higher risks of gastrointestinal infections and stunting). The findings of the study highlight the importance of a holistic strategy to tackle child malnutrition by increasing participation in maternal schooling, improving the availability of nutrient-rich foods, and strengthening healthcare and sanitation services. Policy recommendations underscore the need of community oriented targeted interventions for these social and environmental problems.*

Introduction

Nutrition is a foundational factor that influences and determines the health of everyone, rich or poor. Malnutrition, on the other hand, renders us all more susceptible to disease and mortality (WHO, 2000;

Andersen, 2012). It is a catastrophic problem, especially for the poor and disadvantaged, because the shortage is a primary cause of domiciliary food insecurity and, as a result, malnutrition, which continues to be one of the most serious and widespread health issues impacting children and adults (Wogi et al., 2014). Malnutrition literally means "poor nutrition," and it refers to both overeating and underrating. Under nutrition is traditionally the main cause of worry in underdeveloped countries, while modernization and changes in dietary patterns have increased the prevalence of over nutrition. Except as otherwise stated, malnutrition applies to severe malnutrition in the context of the World Food Program (WFP) (Webb & Bhatia, 2005).

Malnutrition, according the WHO, is defined as deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients (Peixoto et al., 2015). Malnutrition causes a variety of health problems. Malnourishment, also known as stunting (low height for age), wasting (low weight for height), and underweight (low weight for age), is one (a lack of important vitamins and minerals). The second is non-communicable diseases linked to nutrition, obesity, and overweight (including diabetes, cancer, heart disease and stroke) (Debika and Kumari, 2015). Growth is a physiological characteristic of infancy, and the inter play of genes throughout development and adolescence. Even though the growth indicator only includes one measurement, it may provide a quick snapshot of the child's nutritional health. The child's development is eventually impacted by changes to this indicator. The underlying causes of under nutrition in children aged 6 to 59 months were described in this research. According to the author, all socioeconomic, demographic, and environmental factors are related to children's development (Ibrahim, 1999). There are 14.3 million highly lost adults, 47 million lost children under the age of 5, and 38.3 million overweight or obese people in the world. Malnourishment is responsible for about 45% of deaths among children under 5. Most of these take place in low- and middle-income nations. Teen obesity and overweight are becoming more common in these same nations (Hassan et al., 2019).

Methodology

The research intended to explore the socioeconomic factors responsible for child malnutrition by applying qualitative methodology in Tehsil Adenzai, District Dir (Lower), Khyber Pakhtunkhwa, Pakistan. We chose this methodology because we wanted to capture the real-life experiences and attitudes of our participants. The qualitative design was aimed to supplement quantitative data and reveal a more complex view of the reasons responsible for malnutrition2 as perceived by caregivers, especially mothers, and other related community members.

Participants

This study included a purposive sample of mothers and caregivers of the malnourished children aged 0–5; based on initial screening data. It also had 30 mothers coming from different strata of life which included both rural as well as semi-rural mothers, belonging to the respective areas of the Tehsil. Participants were chosen for having relevant perspectives on maternal and economic factors influencing child feeding practices.

Data Collection

These were in-depth semi-structured interviews. We created an interview guide that was loosely structured in order to allow for consistency across interviews, as well as flexibility to explore new emergent themes. Questions were asked about maternal care practices and the women's living situation, food sources, health utilization, normalcy, other services and sanitary facilities. We conducted the interviews in regional languages, providing comfort and clarity to the participants. It took anywhere from 30 to 45 minutes for every interview conducted.

In addition, home observations took place to describe the immediate surroundings and living conditions

of participants, availability off clean water and sanitation facilities at household level and integrity in family life. This served to contextualise the verbal responses and was tested in pre-testing before fielding of interviews.

Data Analysis

Interviews were transcribed verbatim and thematically analysed. Data analysis employed recursive reading and rereading of the data, identifying key themes amongst plunging textual scrolls—a process that utilized coding necessary text segments. Themes isolated from data and research questions, allowing for an inclusive analysis of expected and unexpected results.

Results

Includes the results of the study that effects of socioeconomic factors on child malnutrition in Tehsil Adenzai, District Dir (Lower), KPK, Pakistan. The findings are grounded in empirical evidence obtained from a mixed-methods approach, interviews and observations. The findings provide important lessons in understanding children's' linear growth retardation patterns under various socioeconomic conditions, and emphasise the importance of maternal care practices, economic circumstances, and access to food and healthcare.

1. Demographic Profile of Participants

In total 30 mothers and caregivers took part in the study. Of these, 18 were rural and 12 were semi-rural residents. The mean age of the participants was 32 years, and their ages ranged from 22 to 45. Most of the participants were married, and 90% had children under five. Only three women attended secondary education 10% so 30% of the mothers had completed primary and about two-thirds (60%) had no formal education. Family size was between 3 and 10 (average of 7 per household).

2. Economic Status of Participants

The socioeconomic stratum for the families was determined according to income, housing conditions and basic services. Results: The results showed that 70 % of the families were living below poverty line (< PKR 15,000 per month household income). Out of these only 20% had fixed earning members like government / private job. The other 80 per cent was sustained by agriculture, seasonal labour or remittances from family members overseas.

From our data analysis, we revealed a zero hunger relationship where the parent were left for daily work hood to sustain their children as they were so poor to buy food for family members

In the research the main problems was child malnutrition, particularly due to poverty and its impact on families' ability to provide adequate nutrition for their children. Poverty often leads to a lack of resources necessary for proper food and care, contributing to malnutrition the majority of families was experiencing difficulty in procuring foods high in nutrition value, particularly protein packed items like meat, eggs and dairy. The study further discovered that food insecurity was a common theme, as 65% of respondents reported difficulty obtaining enough food to feed their children.

3. Maternal care practices and child nutrition

Child nutrition was significantly associated with maternal care practices (Table 3). Half of the mothers reported that after 6 months they had practiced exclusive breastfeeding while others added complementary feeding, mostly due to social demand or lack of information as presented in their interviews there were more children stunted and underweight in the absence of breastfeeding.

One of the things that more often than not the mothers indulged in (judged from their reports) is giving inappropriate weaning foods which include tea, sweet drinks, and low nutrient porridge. Besides, only 40% of the mothers followed hygienic procedures in food preparations and mere 35% had immunization on time. These had serious implications for child growth and were linked to poor nutritional outcomes,

as children were exposed to preventable morbidity due to malnutrition-related infections such as diarrhoea.

Another critical factor highlighted in the study: access to healthcare services and nutrition education. Moreover, 30%of the participants reported visiting health clinics regularly for check-up (Table 3) where distance and lack of transportation were cited as reasons why they had not seen a doctor. Only 25% of the mothers also had been educated despite the need for formal education and Periodic choice of infant or child nutrition, feeding options and personal hygiene practices.

The interviews showed that many mothers were unaware of the need for balanced diets, such as how to get essential vitamins and minerals into their children's diet. Whilst some mothers reported seeking nutritional advice from community health workers, only 20% found the advice practical and something they could adapt to their everyday lives.

Fathers and child nutrition was a significant theme that emerged during the interviews. However, mothers were the primary care providers for children, and most fathers made decisions on food accessibility (41%) or participated in household income generation (38%). Nevertheless, there were gender disparities such that fathers often managed the family financial resources.

Remarkably, a considerable 45% of the children are raised in homes where mothers with supportive attitudes towards breastfeeding and provision of nutritious food for their offspring. But issues around financial constraints and access to quality food were mentioned as difficulties repeatedly. In other cases, fathers mentioned competing financial priorities as a reason for not spending money on healthy food and a barrier to increasing child nutrition.

There were, of course, also environmental factors, and poor sanitation or lack of clean water access played a big role in malnourishment as well. Half the families got safe drinking water, and the rest used to drink untreated well or river waters. The current study also reported a poor hygiene practice which includes open defecation and improper waste disposal found among households in the rural. That led to higher rates of gastrointestinal infections, which were linked in previous research with both stunting and underweight among children. It also brought to the fore the paucity of healthcare infrastructure in the hinterlands. Health centres were either far situated from the villages or were improperly stocked with such essentials as child nutrition services, vaccines, and trained health workers.

The high prevalence of poor nutritional practices in our population can be explained by the low level of school attainment and illiteracy among mothers (maternal education). Mothers with secondary education were more likely to exclusively breastfeed, practice appropriate food hygiene practices and seek child healthcare. The context in which this study was done being different than many HIC settings, economic limitations as major contributors to child malnutrition severely affected the families. These families had a difficult time providing proper nutrition, resulting in more cases of stunting and underweight.

Access to Healthcare: Difficult access to health services and general nutrition education are some of the biggest barriers. There were fewer health services for rural families, which had direct relation to the poorer health and nutrition status of indigenous children.

Cultural beliefs - Cultural practices such as early weaning, and the belief that certain foods were unsuitable for infants also negatively affected feeding practices. The pressures that society placed on women to feed children a certain way (never mind how much work to prepare those other foods) led them to the less healthy options, as well.

Environment: Inadequate sanitation, limited access to safe water and poor housing conditions played

leading roles in the transmission of diarrhoeal diseases that added misery in the matrix malnutrition.

This study highlights that child malnutrition in Tehsil Adenzai is a complex phenomenon, with deep rooted socio-economic, cultural and environmental causes. This web of maternal care practices, economic and financial constraints, constrained access to health services, and environmental determinants all work together (interact) to explain the high prevalence rates of child malnutrition. The results underline the urgency of a multi-sectoral response to childhood malnutrition, with attention to education and nutritional security for women, healthcare provision and environmental challenges.

Discussion

Conclusions The study findings highlighted intricate significant associations between socioeconomic determinants and child malnutrition in Tehsil Adenzai, District Dir (Lower) Pakistan. This chapter is dedicated to place the results in context and discuss the implications of these factors associated with malnutrition among children.

The research stresses that economic limitations are one of the root causes of child malnutrition in Ethiopia. The most significant barriers to nutritious food are low household income, food security and financial uncertainly. This is consistent with current literature, which highlights the vital impact of socioeconomic status on child nutrition (Babar et al., 2010). These nutrient-dense foods, especially protein rich, fruits and vegetables which are essential for the growth and development of children are unattainable to families with small budgets. Complemented by high food prices and limited availability of nutritious food items in village or small town markets, malnutrition is exacerbated because these households have such low purchasing power.

It was also revealed that maternal education played a pivotal role in influencing child nutrition. It discovered that mothers with low education levels were less likely to breastfeed properly, give the right kind of complementary foods and seek care for their children. This supports the extant literature that indicates that maternal education is protective against malnutrition (Afzal 2012). Mothers with higher education have mostly had knowledge of nutrition, hygiene, and first healthcare early in the childhood of their children also better child rearing practices. These findings suggest the demands for maternal education programs should be strengthened to equip and enable women to provide better child health conditions.

In addition, another important barrier perceived in this study was related to accessibility of healthcare services and nutrition education. Most mothers expressed difficult in reaching health facilities as they were beyond the geographic barriers and transportations. In return, the quality of healthcare services in the region was rather awful as a result of many unstaffed health centres and missing equipment. This is in line with other studies carried out in developing countries, which attribute the occurrence of malnutrition to poor healthcare access and limited nutrition education (Hirani 2012). Lastly, the poor nutritional counselling and unawareness to Infant and Young Child Feeding (IYCF) practices and hygiene among guardians make malnutrition a never ending question.

The study also showed that environmental factors, in particular poor sanitation and lack of clean water, are considerable contributors to child under nutrition. Malnutrition in the infants was largely attributed to diarrheal diseases, a problem often associated with poor sanitation and unsafe drinking water, according to the study. These findings are reinforced by research that links water, sanitation and hygiene (WASH) to be vital factors of child health (and nutrition) in low-income settings (Fanzo et al., 2012). Again, higher rates of open defecation and poor environment management in rural setting also result in an increased risk of GI infections exacerbating the nutritional status furthermore leading to stunting and wasting among children.

Conclusion

The present study also stresses the importance of socioeconomic factors influencing child malnutrition in Tehsil Adenzai, District Dir (Lower), Khyber Pakhtunkhwa, Pakistan. These results pointed out economic constraints, maternal care practices, healthcare access and environmental challenges as important determinants of malnutrition or failure to thrive.

Results Poverty, household food security and maternal education are key predictors of poor nutritional conditions in children. The problem is further exacerbated by poor health care compliances, lack of proper sanitation and access to drinking water causing high rates of stunting, wasting and underweight in the children.

The study further underscored the necessity of implementing a holistic, multi-sectoral intervention to tackle child under nutrition. Better education of the rural mother would be a key to better care giving and nourishment awareness. We must also do more to boost availability of nutritious food, improve health systems and sanitation and build strong water supply chains so we can tackle the root causes of malnutrition.

In sum, the study underscores the need for specific policy interventions to promote socioeconomic status of mothers, health education and an improved physical environment to foster better childhood nutrition. If dealt with effectively, these root causes can help decrease child malnutrition in the region and promote better health and growth of future generations.

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