Socio-cultural Determinants of Child Health and Malnutrition in District Rajanpur An Interplay of Capital, Gender and Culture

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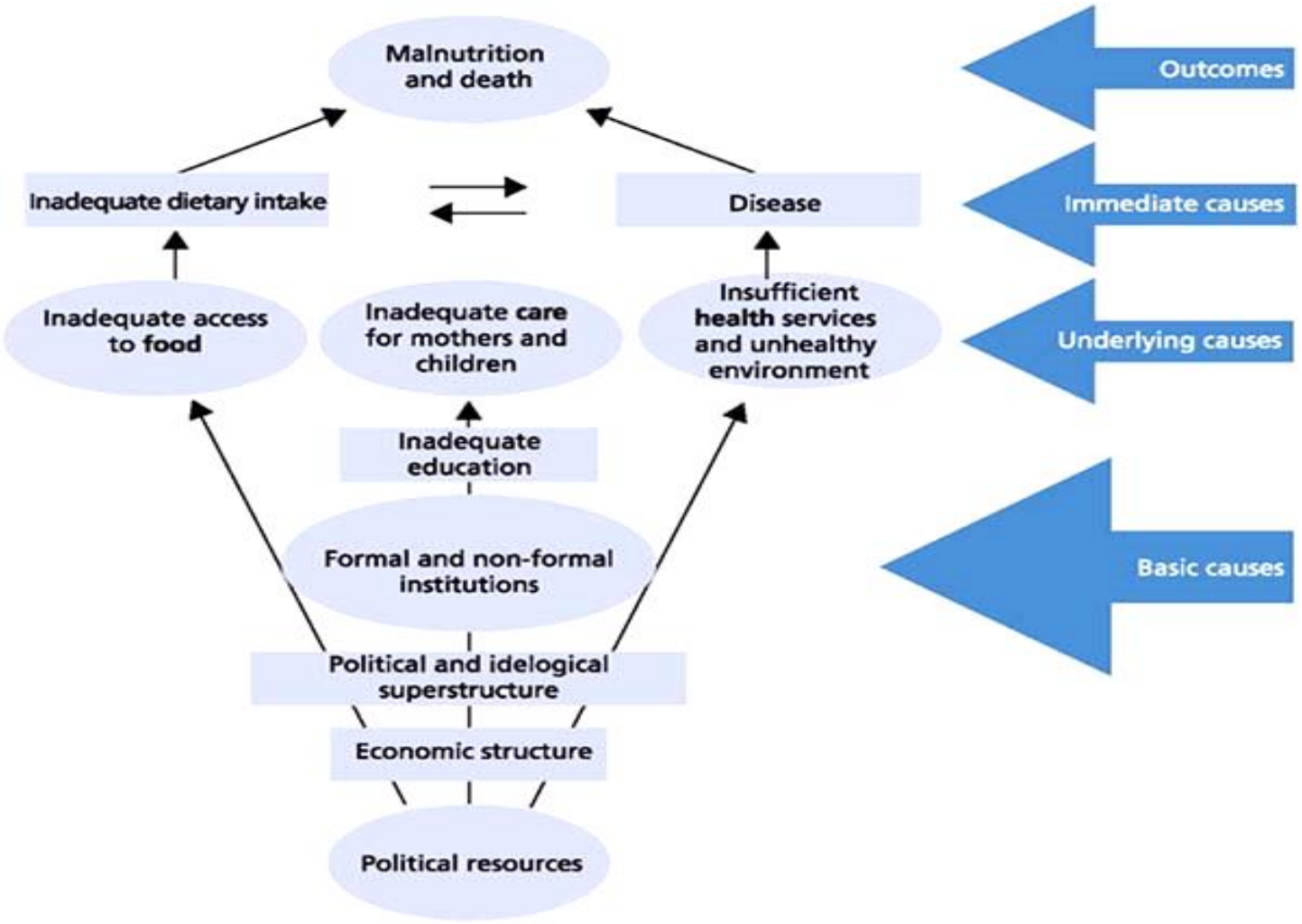
Introduction

- **Malnutrition:** it includes under and over nutrition; Deficiency and excess of nutrients
- **Forms of Malnutrition :** Acute (weight loss due to infection or low intake) and Chronic (stunting or less height due to low nutrients for longer periods)
- **Three types of causes**, basic, underlying and immediate ones.
- **women having less control** over resources and decision-making and bargaining powers in household- 'entitlements'


Malnutrition and death
Inadequate dietary intake
Disease
Inadequate access to food
Inadequate care for mothers and children
Insufficient health services and unhealthy environment
Inadequate education
Formal and non-formal institutions
Political and idelogical superstructure
Economic structure
Political resources
Outcomes
Immediate causes
Underlying causes
Basic causes

Objective of Study

- To understand socio-cultural construction through linking economic and gender inequities with cultural preventive practices regarding water, sanitation and hygiene and feeding, health seeking behavior and vaccination

Review of Relevant Literature

- Lalonde (1974) advocated for non medical causes helped scholars to know importance of prevention.
- The Alma Ata Declaration in (1978) called for the "development in the spirit of social justice".
- World Health organization (1986) issued a holistic charter for health promotion in Ottawa which amalgamated multiple issues.
- Finally Commission on Social Determinants of Health (2008) constituted by WHO rendered it "as the result of a toxic combination of poor social policies and programs, unfair economic arrangements, and bad politics."
- Sen viewed it in the broad-spectrum that health capability depends upon "personal heterogeneities, environmental diversities, variations in social climate, differences in relational perspectives and distributions within the family."

- Marta Favara (2012) found the relationship between social capital and malnutrition that more educated women have better nourished children as social capital may lead to better nutritional outcomes for their children.
- The impact of repeated diarrhea on nutrition and the effect of malnutrition on infectious diarrhea vicious circle(WHO 2013).

- Poor children have more risk of getting malnutrition if they have maternal careless behaviors. But the risk is decreased in poor households with good psychosocial care. For this purpose gender equity and maternal access to education is essential to deal with menace of malnutrition (UNICEF, 2009)
- Breastfeeding with prevention of infections and child growth is well established. It is seen that this practice is hurdled by several socio-cultural reasons.

- Researchers explained that poverty is not the only reason behind child malnutrition in the country. There is a strong relationship between fertility, disease burden and practices such as hand washing, feeding practices especially exclusive breastfeeding. Malnutrition is a source of poverty around the world, and it needs to be seen as an entry point into development, rather than simply an outcome of economic growth. There are 165 million stunted children globally, which puts them at significantly higher risk than other children of dying from simple diseases. In fact, 45% of child mortality in the world can be attributed to underlying undernutrition as a cause.

- "In patriarchal societies, access to women and children by health workers may be limited by tradition and men's attitudes. (UNICEF 2012).
- Conclusion of the Review: It is important study which is

1. Important study because related mortality, public health and development (MGDs)
2. Old Study but with new dimension of human development, Disaster, Ethnicity, Gender, Culture
3. Qualitative

Methodology

- **Two stage Cluster sampling** for Areas and villages will be done for Socio-economic and KAP survey
- **Sample Size:** 5% of affected 9000-10000 households= 450
- Children > 5= 303, mothers =436
- % of malnutrition= $\frac{\text{no of underweight/stunted children}}{\text{total no of children in group}}$
- **Simple Random Sampling**
- **Socio-economic and KAP Survey** issues: occupation, age, sex, weight, height, and arm circumference, vaccination, infections, water source, latrines, feeding, food consumption patterns of children, and sources of food, source of income and childcare and community infrastructure.
- **MUAC/ WHO *Anthro* 2005 Calculator:** Children falling below -2/3 standard deviations of median weight and height for age and in MUAC (> 12cm) were considered malnourished by using WHO Z Score tables and WHO *Anthro* 2005 calculator. Underweight children and mothers were identified through MUAC tap for verification.
- **Rapid test kits (RTKs) for Salt Iodization**

Focus Group Discussions:

There has been conducted three FGDs with village females, one FGD with LHWs, one with Health professionals. Lady health workers were an important source of information regarding child and mother health.

Participant Observation:

My stay at these villages provided me a great opportunity to deeply observe the natives understanding about health and nutrition. This technique provided me insights on beliefs, behaviors, and practices, culture of poverty, sensitivity and psycho-social care of females and their children and inequities.

Reflexivity:

Reflexivity in research is to acknowledge one's own subjectivity and experience. A reflexive researcher describes own background because interpretation depends upon the researcher's background and identity.

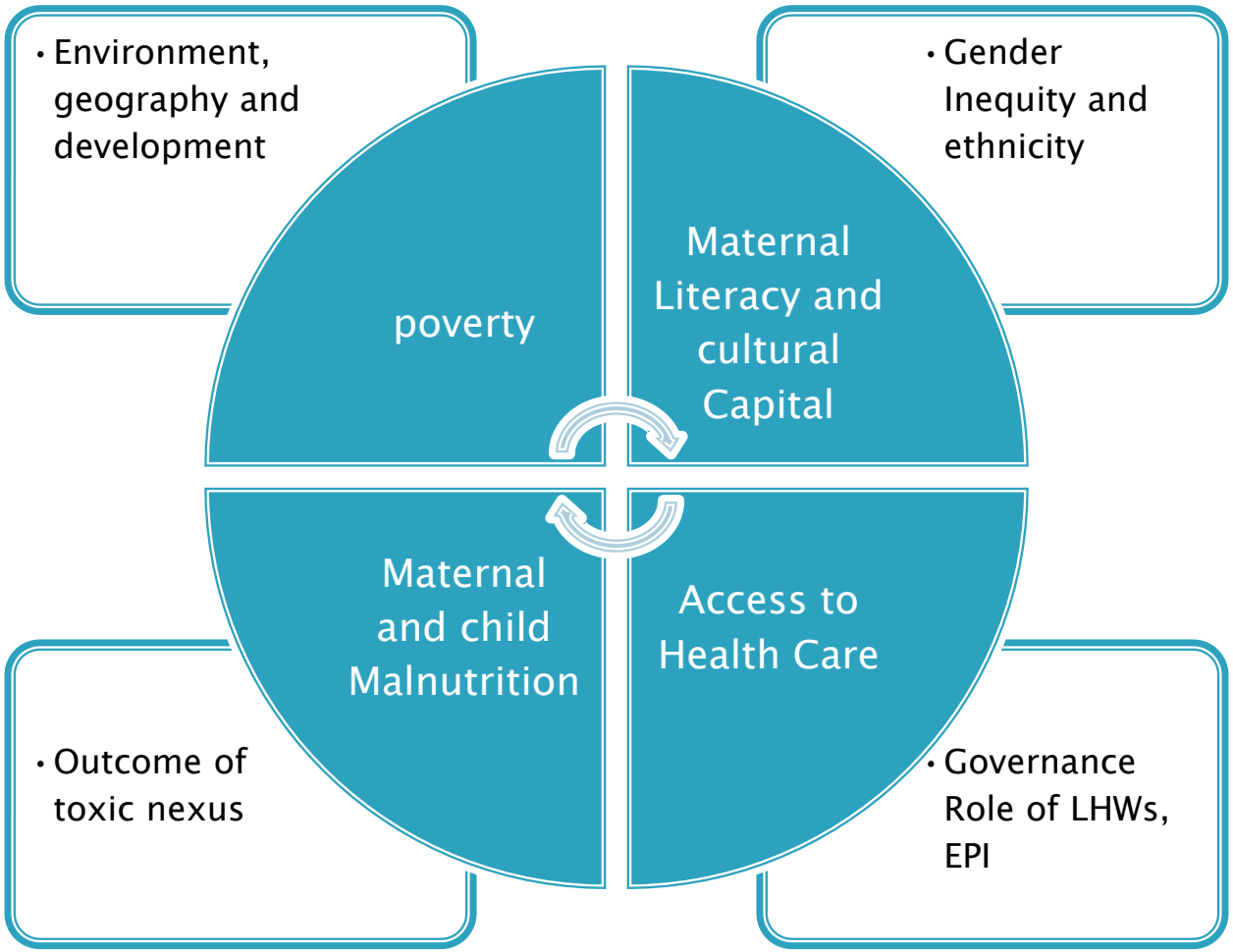
Interview Guide

Key Informants

Profile of the District and Locale

- **Human development situation and Flash floods in the district** heavy flow of water which normally follows from the Western Suleiman
- These three UCs are adjacent and are targeted by Kaha and Chacher flood torrents. The human development situation is severely deteriorated. It causes damage to health, water sanitation and hygiene, shelter, livelihood, livestock and crops.
- Ethnicity and gender Status and Access

Results and Discussion

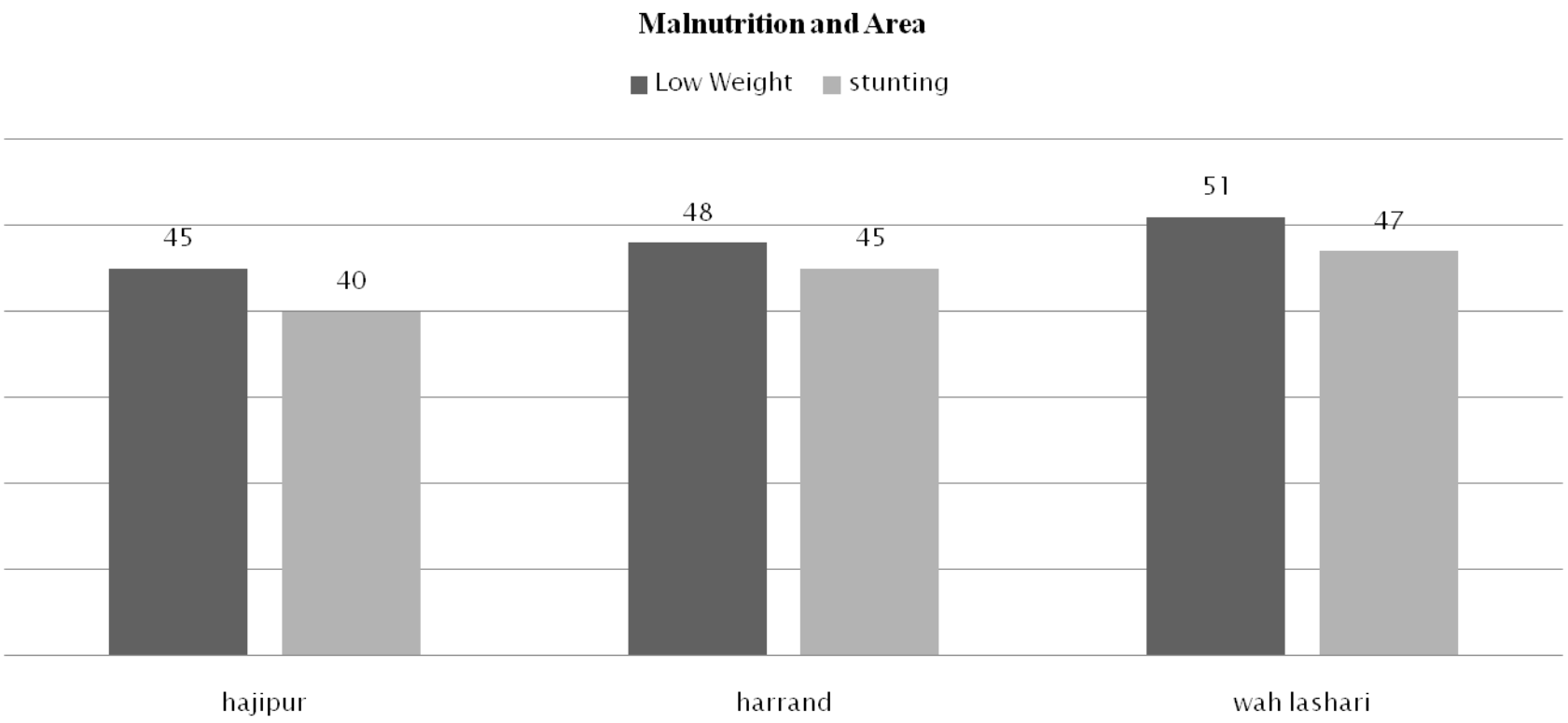


Socio-economic Data Presentation in Percentages

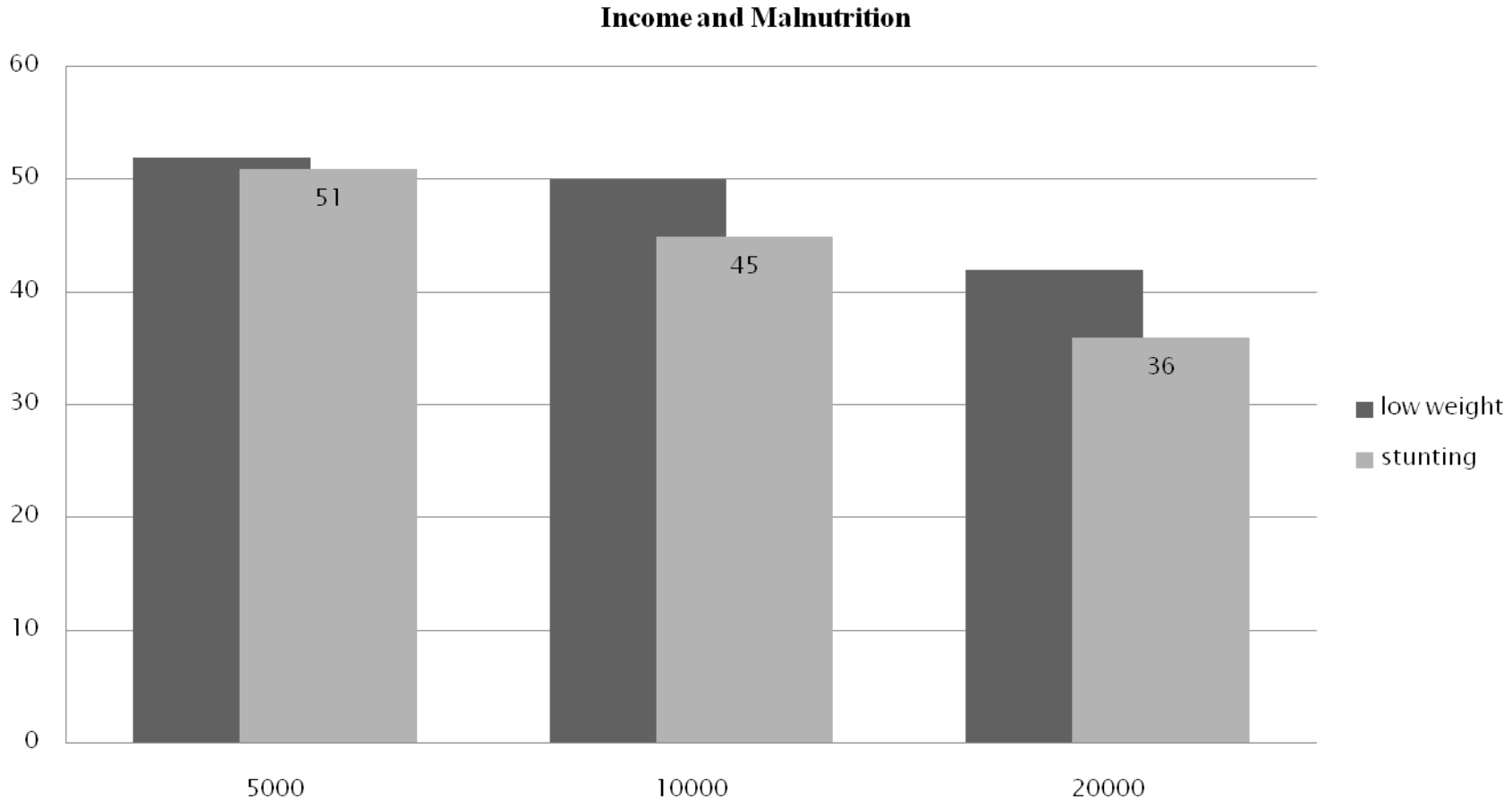
Source: Socio-economic KAP Survey

Sr.	Indicator	No.	Percentage (%)
1	**Gender**		
	Male	1415	51.1%
	Female	1408	49.9%
2	**Under 5 Age Division**		
	0-6 months	40	13%
	6months-2year	78	26%
	2-3year	51	17%
	3-5	133	44%
3	**Ethnicity**		
	Balouch	276	61.3%
	Other	174	38.6%
4	**Child Feeding Practices**		
	Households Use of 'Ghutti'	405	90%
	Households Use of colostrums	293	65.1%
	Early Initiation within 24 hour	315	70%
	Exclusive breast Feeding	271	60.2%
	Use of Water before six Month	314	69.7%
5	**Hygiene**		
	Households Latrine Use	135	30%
	Hand Wash with Soap/other	169	37.5%
	[illegible] Teeth cleaning	111	24.6%
		227	50.4%

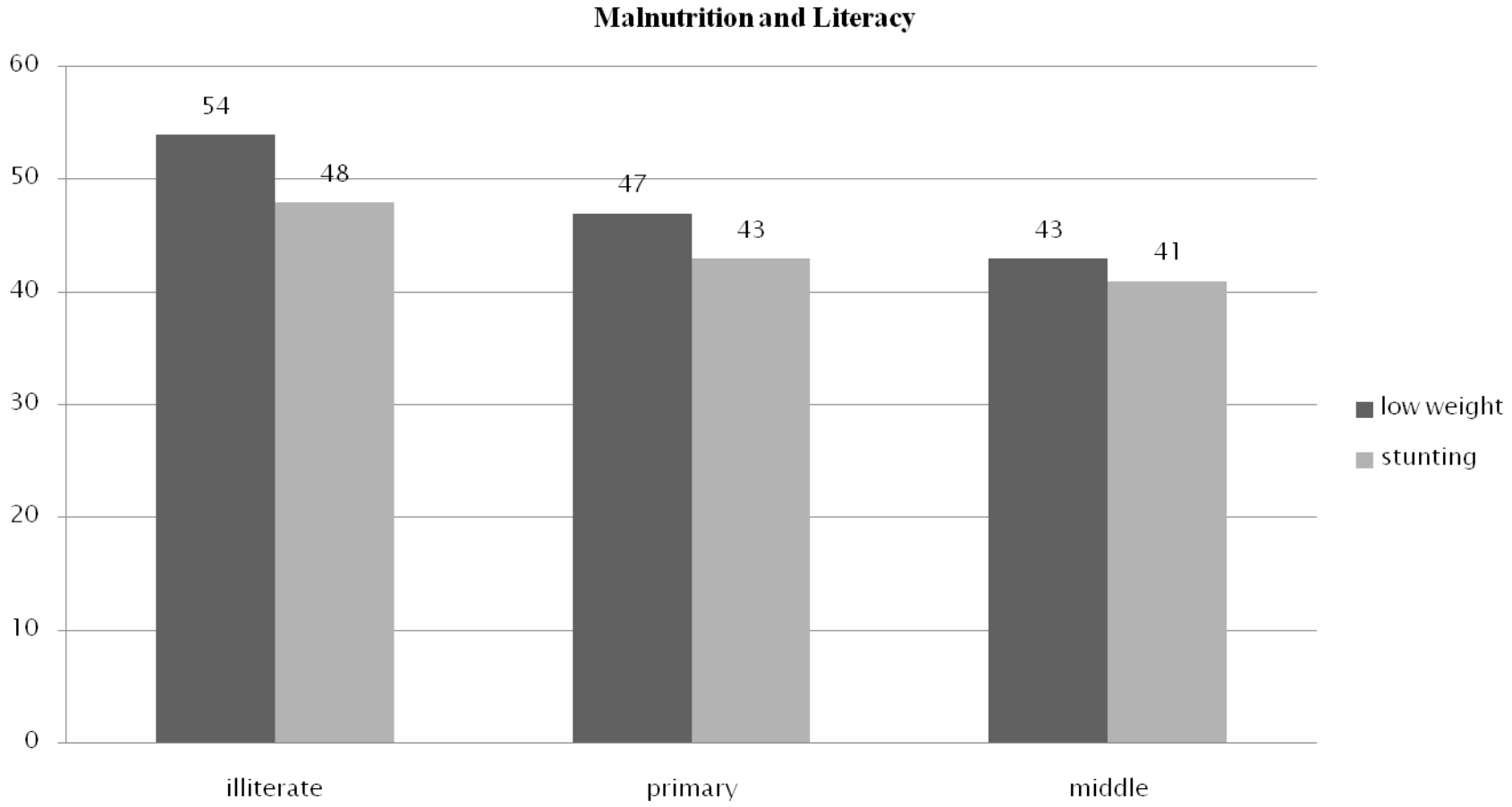
Prevalence of Malnutrition in Three UCs



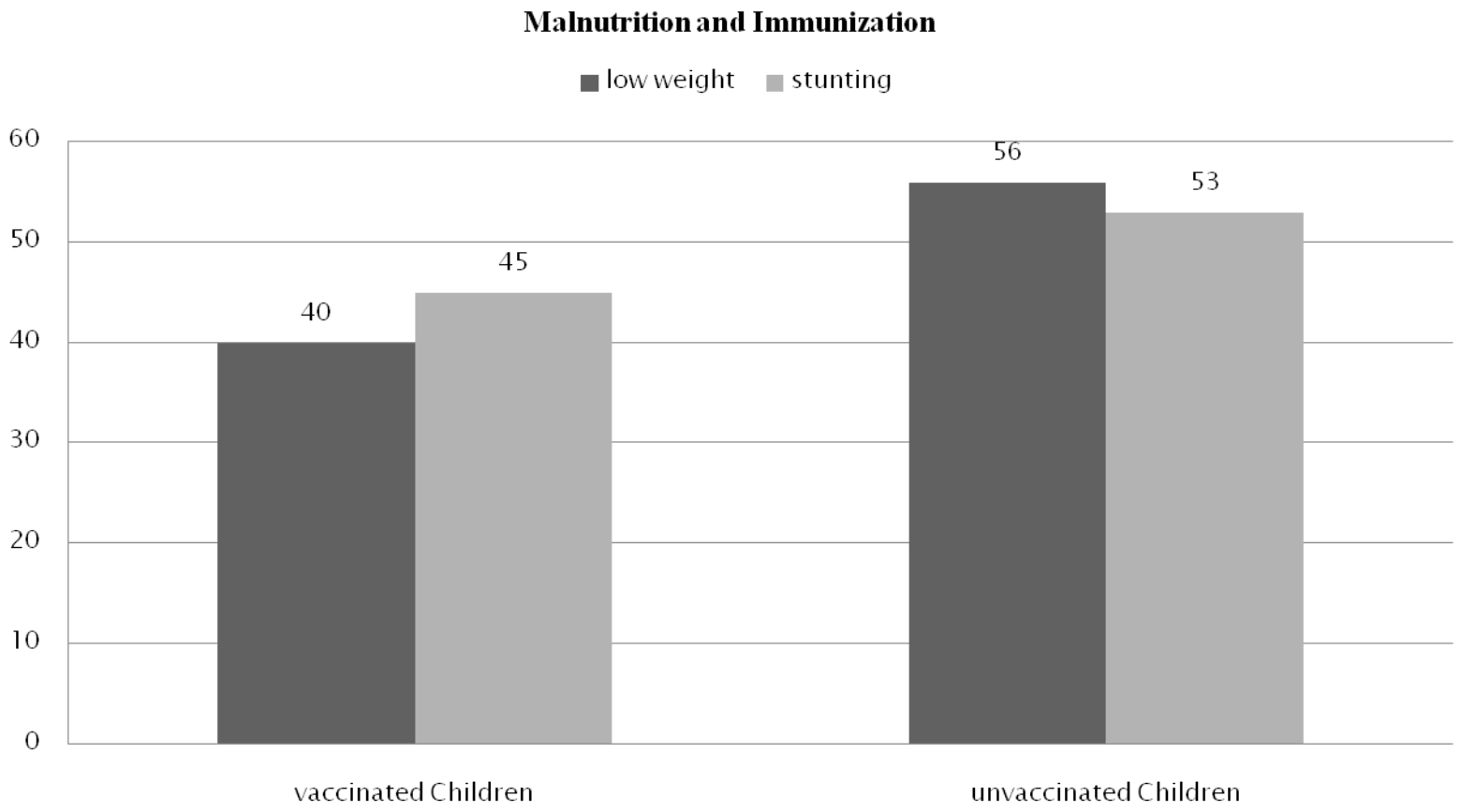
Prevalence of Malnutrition in Income Groups



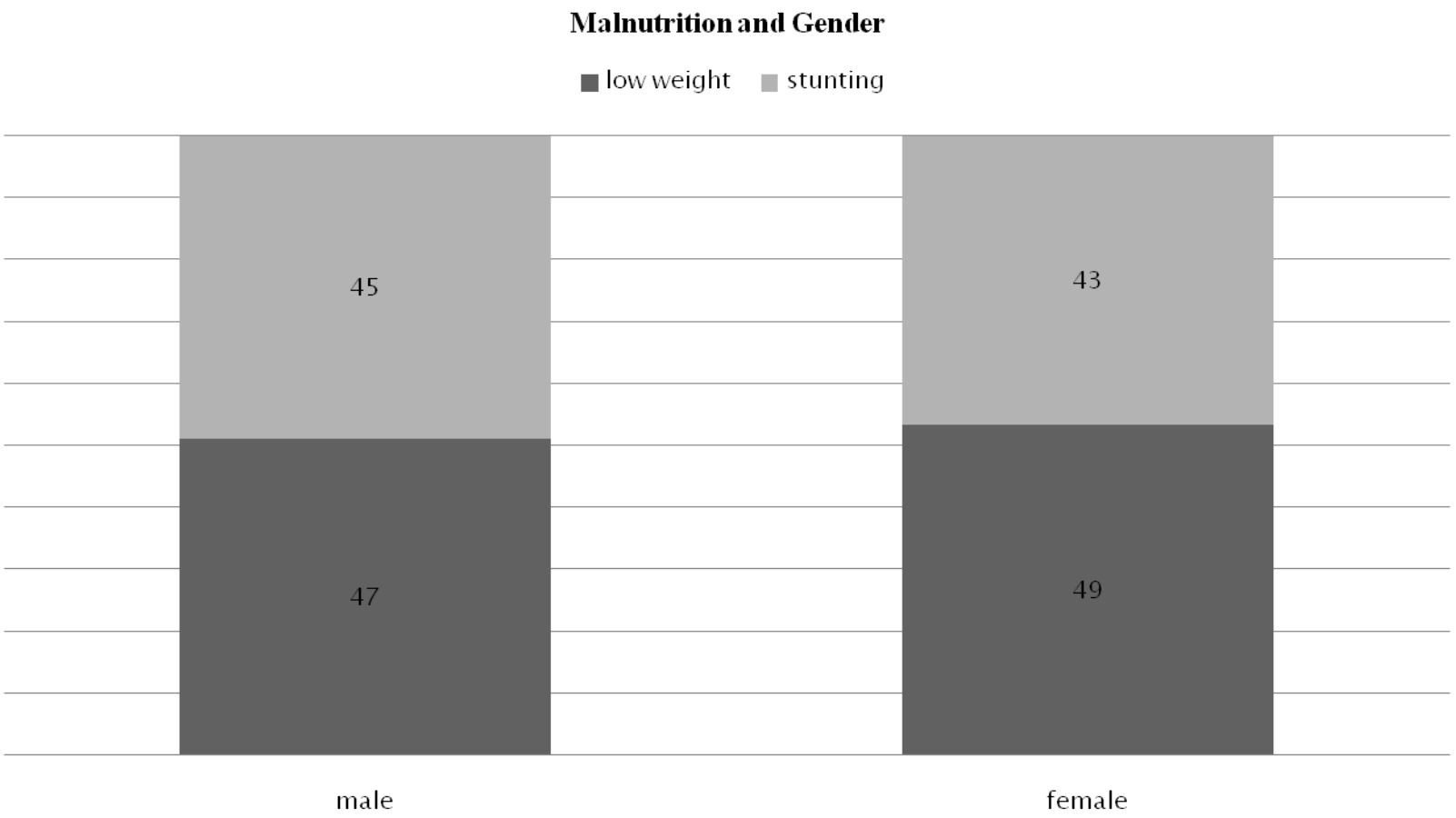
Malnutrition in Different Education Levels of Mothers



Prevalence of Malnutrition and Vaccination



Prevalence of Malnutrition and Child Gender



Cultural Practices (KAP)

- **Cultural Practices of Water, Sanitation and Hygiene (WASH)**
- Water Quality
- Hand Washing,
- Open Defecation, Latrine etc
- Personal and Domestic hygiene
- **Breastfeeding Practices among Village Females**
- Pre-Lacteal or “Ghutti”
- Colostrums'
- Early Initiation
- Exclusive Breastfeeding
- **Health Seeking Behavior and Vaccination**

Gender Inequities

- Gender Inequities Gender Division of labor and Maternal Literacy
- Prevalence of Malnutrition among Genders
- Gendered Division of Labor
- Gender Fertility
- Time Poverty
- Maternal Health and Malnutrition
- Maternal Illiteracy
- Prevalence of Malnutrition and Different Education of Mothers

Capitals and Capibilities

- LHWs Workload Impact on Health Literacy and Accessibility
- Income Poverty and Social Justice
- Accessibilities Depends on Capabilities and Capitals
- Prevalence of Malnutrition in Different Income Groups
- **Unemployment and Severely Malnourishment**

- Trend of Morbidity and Malnutrition
- Vicious cycle between Morbidity and Malnutrition
- Intersectoral Coordination
- Treatment of Malnutrition through CMAM Program and Beneficiary Load
- Severe Malnutrition with Complication
- Severe Malnutrition with Complication in Stabilization Center
- Gradual Increase in Registration Trend among SAM Cases with Complication

Recommendation

- LHWs role is crucial in child and mother health and nutrition. Their involvement in other programs should be limited through alternative solutions. Their capacity and benefits should be enhanced as an input.
- Immunization coverage having power to control infections must be extended to larger extent.
- Clean drinking water, sanitation and hygiene ought to be maintained and rehabilitated to stop infections from communicable disease.

- Gender equity is compulsory. Female education and literacy (especially about IYCF and WASH) should be enhanced and made compulsory for rural females. Health education must be taught as a compulsory subject.
- gender inequities must be addressed by legislative and administrative measures adopting employment, land reforms and eradicating structures of inequalities and bringing social justice.
- Beside CMAM there must be some sustainable solutions based on poverty alleviation universal education and gender empower
- policy making Intersectoral strategies.
- Flood water Management.