

# A DESCRIPTIVE ANALYSIS OF SOCIAL FACTORS TOWARDS CHILD HEALTH-RELATED PROBLEMS: A CASE STUDY OF THARPARKAR DISTRICT, SINDH, PAKISTAN

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**Abstract:** The current study examined the major causes behind social factors towards child health-related problems. It is observed that social factors possess great impacts on children health related problems. Income and education are two major factors these are directly and indirectly linked with health-based issues especially the health of children. The current study has been carried out at district Tharparkar, Sindh (Pakistan) in order to identify that how the social factors give major role in the children health related problems. The nature of the study encompasses the descriptive qualitative based and field study was carried out to know the social aspects toward child health-related problems from the perspective of the respondents about the research objectives. The major objective of the study is to find-out social factors of malnutrition based diseases among children. With the help of the review of the literature, a structured interview schedule was worked out and the field survey was carried out by the use of snowball sampling technique. The result illustrated that social aspects had positive impacts toward child health-related problems. The majority of cases social aspects were considered a very crucial role in child health-related problems and social aspects had the reasonable connection with child basis diseases.

**Key Words:** Descriptive Analysis, Social Factors, Malnutrition, Child Health, Tharparkar, Sindh, Pakistan

## 1. INTRODUCTION

The aim of the study was to carry out research at the rural area of the district Tharparkar on malnutrition based issues. The study was conducted for understanding the food nutritional based diseases among children and its impacts over the rural population of the district. Malnutrition was a bid growing problem that directly and indirectly affects children and women (Stewart, 1995). Furthermore, Malnutrition was an alarming problem in the area. It was reported that about fifty per cent of the children who are at the age of one month to six years were suffered from malnutrition problem (Sun and Frongillo, 2001). The mortality rate was at the peak among those children who were directly and indirectly victimized of malnutrition problems (Cavalli-Sforza, Rosman, de Boer and Darnton, 1996). Thar Desert covered four district of Sindh and the climate conditions of the desert were unhealthy for the locals. It is due to hot weather, low rainfall, the problem

of water availability and high temperature. Hence the weather conditions of the desert were unfavorable to the health of the local population (Fuch, Sultana, Ahmed and Hossain, 2014).

The health conditions in Pakistan was very low then the neighbour countries. Many chronic diseases were founded among children in Pakistan due to poor nutrition. There was one child affected of malnutrition problem among three children in Pakistan. There was a high death rate among children at age of five years due to food deficiency. While, the health condition of Pakistan was growing since initiatives were taken in order to control child based diseases (Sand, et al; 2018: 260-265). In fact, there was no single factor related to health problems and the professionals were trying to examine just only the health factors of diseases. It was no doubts that health-based issues were the major factors among children but social factors of health were more important domains of analyzing the health factors

among children (Fuch, Sultana, Ahmed and Hossain, 2014).

Poverty was the major cause of affecting children from malnutrition and other infectious diseases. Malnutrition was caused the deficiency of nutrient in the body of children. Lack of proper nutrient a large number of children became the effect of malnutrition diseases (Wellman, Weddle, Kranz and Brain, 1997: 120-122). The deficiency of malnutrition among children was due to no proper supply of food to children and it also became of many other infectious diseases among children. The rate of mortality among children was due to deficiency of nutrient at the first stage. Lack of health facilities and low financial capacity among families was the major factors of poor nutrients to children. These factors were the prominent reasons for the high death rate among children (Sumonkanti, Mohammad and Mohammad, 2008). Moreover, these factors led to major health-based issues to children and also the numbers of diseases increased among children. Poor access to health facilities and lack of proper nutrition among children were responsible for the low birth weight of children (Singh, *et al*; 1996: 103-304).

Social and cultural factors were important to diagnose the health-based issues among children. The poor health conditions in Pakistan were due to weak health policies of practitioners. Social factors of health were a kind of holistic area to study and make some curable steps to resolve health problems among children who suffered some chronic diseases (Galobardes, Lynch and Smith, 2007: 21-37). Education and income of a family kept a huge matter in sense of health-related issues and their initiatives. The living standard of a person had an important role in the health of the family. A high-income earner person was very aware and conscious about the health of his children (Garg, Mishra, Gupta, Bhatnagar and Singh, 1982). It was because health and income had direct links with each other. A wealthy family spent more money on hygienic food hence the children of the family did not face the issues of malnutrition. It is quite understandable that income had a great impact on the health of a family (Webber and Splet, 1995: 97-110).

A lot of research had been done on children's health issues related to clinical factors but there was less research had been done on the social factors of health-based problems among children. Therefore, the study explained the social factors of diseases among children and what were the socio-cultural factors of deficiencies among health of children. In fact, the main objectives of

the study were to examine the social factors of diseases among children and to highlight the risks of social factors among health issues of children especially malnutrition-related problems of health at the mentioned local.

## 2. REVIEW OF LITERATURE

Social factors had a huge importance in health especially children related problems. The quality of health kept the matter in an area (Jamro, Junejo, Lal, Bouk and Jamro, 2012). The service of health was growing but a matter of quality was still questionable especially in the remote areas of Pakistan. The access of good health was a kind of social blessing to the patients because they visited on emergency and regular basis of health centres (Chisti, *et al*, 2013). In fact, most of the population of Pakistan was living at rural areas and the rural population of Pakistan had less access of health facilities with compare to urban areas (Pakistan Institute of Legislative Development and Transparency "PILDAT", 2010). Urban areas of the country had more chances of quality of health as well as awareness about health concerns among people. The major hospitals and health centres were located in the urban areas of the country whereas the quality of health was high than rural areas of the country (Planning Commission. National Nutrition Survey, 2011). The access to health centres and quality of health was directly linked with the treatment of diseases, especially in children health related problems. The factors of access and quality health were a kind of social aspects of children's health (Jamro, Junejo, Lal, Bouk and Jamro, 2012).

Social factors were very essential of person to check out the living standard as well as the economic status of the person (Sun and Frongillo, 2001). Economic status of person showed the complete picture of a family whereas economic was the sole source to view the holistic approach to identify a family health, education, living standard, consumption of food patterns and sanitation system (Cavalli-Sforza, Rosman, de Boer and Darnton, 1996). Hence, it was essential to factor to analyze a person or family status in the society. A high-income earner person had more health facilities because he had proper and adequate food consumption to his family especially children (Haldiya, Singh and Lakshminarayana, 1993). In case of any disease identified to high income family members' children then he easily got access to physicians and medicines (Nahar, Ahmed, Brown and Hossain, 2010). It was quite common that a high-income earner person's children had no malnutrition based diseases were found (Kaluski, Ophir

and Amede, 2002). According to a study that poverty was the major reason for malnutrition based diseases in the many families of the Asian communities. They had no access to adequate food nutrition to children and their food diet and its quality was very poor especially among children and women (Jasmine, Yamamoto, Malik and Mohammad 2011). Socio-economic status of a family had a great importance in the nutrition and it had also a great contribution to its health conditions (Talbert, et al, 2012). Family income was the major way of supporting health and food nutrition. Families who were economically deprived that had many health-based problems and them also had poor food hygienic system (Shamas, et al, 2012).

Education was the major factor that had direct and indirect impacts over the health of a family. The major direct impact of the education was to expand health-based knowledge (Bharati, Pal, Chakrabarty, Chakrabarty and Bharati, 2011). Health-based knowledge among the members of a family might overcome the diseases of the family members. Education was the major source of income and better living standard of a family (Fuch, Sultana, Ahmed and Hossain, 2014). Education made changes in the lives of people by getting employment. An employed person had more chances of quality of health hence it was called indirect impacts of education over the family (Galobardes, Lynch and Smith, 2007). It was stated in a study that high level of education might increase the health-based knowledge and also reduces the risk of diseases (Garg, Mishra, Gupta, Bhatnagar and Singh, 1982). Importantly, mother education was a very essential factor that had much influence in the lives of children. An educated woman had knowledge about health and diseases hence she could easily manage the health-based issues (Haldiya, Singh and Lakshminarayana, 1993).

Formal education had an important role in the family because the members of the family had knowledge about health. It seemed that low educated families were facing many health-based issues (Bharati, Pal, Chakrabarty, Chakrabarty and Bharati, 2011). Lack of knowledge about health was a big social problem among families. Health and education had a great connection in order to prevent social based diseases of health. A person who had proper knowledge about health then he could easily response at the time to diseases (Hatloy, Hallund, Diarra and Oshaug, 2000). According to a study that there was a huge gap between health and knowledge of child based diseases. Most

people did not have knowledge about the causes and effects of diseases hence their children became victimized of numerous diseases (Rogers, et al, 2017).

According to a health-based research study that one can use proper food in the diet on daily basis. Proper food diet could reduce the risk of diseases and it also made body fit (Wellman, Weddle, Kranz and Brain, 1997). The proper food diet had many positive impacts over the mental growth and work capacity of a person or child. Eating healthy food was the major pre-cautions of reducing diseases among children's and adults (Pei and Rodriguez, 2006). The issue of malnutrition among children was due to lack of proper food consumption hence they were being victimized of malnutrition based diseases (Jasmine, Yamamoto, Malik and Mohammad, 2011). An important problem of malnutrition among children was due to mother feeding and her consumption of proper food before and after the child born (Nahar, Ahmed, Brown and Hossain, 2010). Mother supply of food was very essential before and after the child born because it reduced malnutrition based diseases among children (Ogunlesi, Ayeni, Fetuga and Adekanmbi, 2015).

Proper food supply among women was a big issue. It was considered of gender-based prejudice against women and newborn girls. There was an issue of health and food supply to women and girls (Rogers, et al, 2017). Most of the children were become victimized of malnutrition based diseases. It was also observed that female children had more death rates with compare to newborn male babies (Singh, Haldiya, et al, 1996). This kind of gender-based prejudice led many social aspects of health and its causes (Jamro, Junejo, Lal, Bouk and Jamro, 2012).

### 3. OBJECTIVES

There were some main objects of the study:

1. To find-out social factors and its impacts on child health related problems
2. To know about respondents' perspective of social factors and malnutrition issues
3. To highlight the major consequences of malnutrition among children

### 4. HYPOTHESIS

**H1:** Family income and earning sources have positive impacts on the health facilities of children

**H2:** Social factors and Improper food consumption among children increases the risk of health issues

### 5. MATERIALS AND METHODS

The study was based on qualitative research design with the use of in-depth interviews method and to analyze the social factors towards child health-related problems at Tharparkar district, Sindh, Pakistan. Different occupations based respondents participated in the study for interviews. Male and female were selected as the unit of analysis who were at the age of 16 to 50. The universe of the study was district Tharparkar, Sindh, Pakistan. The convince sampling was used in order to view the age groups of the respondents. The field study was conducted through structured in-depth interviews. Whereas, numbers of the interviews were taken from the area by the different field of occupations such as doctors, parents, medical storekeepers and the mothers of the child patients. The study was carried out in two union council of district Tharparkar in 2018 while focusing on the age group of 6 to 36 months of children. Data was collected with the help the medical heads of the Basic Health Units (BHU) of the union councils of tehsil Islamkot, district Tharparkar.

After conduct, the research; the data were analyzed by thematic and descriptive form to check the relationship between social aspects of health and child-related health problems while focusing on malnutrition. Moreover, the current study examined to find out social aspects of health problems among children and to evaluate the health facilities for children at the research area. The study was carried out in District Tharparkar focusing the social aspects toward child health-related problems. A descriptive analysis was conducted of the various categories of the respondents as primary data and secondary sources were also helped out for analyzing the current scenarios of the research study. The sample size was 20 respondents to whom interviews were conducted on the basis of research objectives. Fifteen male respondents participated in the study and the rest of the respondents were female. The information about the patients was kept confidential. The nature of the study was based on a qualitative method in order to authenticate research objectives on a review of the literature.

## **6. MAJOR RESULTS AND FINDINGS**

### **6.1 Social factors affecting the health of children**

Social factors of health were related to the socio-economic and social support of family. Socio-economic status was related to one's health. Income of a family member had the deep relation with healthcare availability. According to a respondent that the high-income level of a family had a better socio-economic

position and the family enjoys better health services and living standard. In contrast, the low income of a family led to a low socio-economic position of the family that had also low quality of living standard and health services. Social factors had a huge importance in health especially children related problems.

Social factors were very essential of person to check out the living standard as well as the economic status of the person. Economic status of person showed the complete picture of a family whereas economic was the sole source to view the holistic approach to identify a family health, education, living standard, consumption of food patterns and sanitation system. Hence, it was an essential factor to analyze a person or family status in the society. A high-income earner person had more health facilities because he had proper and adequate food consumption to his family especially children. In case of any disease identified to his children then he easily got access to physicians and medicines. It was quite common that a high-income earner person's children had no malnutrition based diseases are found.

According to an informant that poverty was the major reason for malnutrition based diseases in the many families of the Asian communities. They had no access to adequate food nutrition to children and their food diet and its quality was very poor especially among children and women. The study is mostly related with Lodhi et al, (2010) they stated that poverty is the major factor of the malnutrition problems of a family members in rural areas. Socio-economic status of a family had a great importance in nutrition and it had also a great contribution to its health conditions. Family income was the major way of supporting health and food nutrition. Families who were economically deprived that had many health-based problems and them also had poor food hygienic system.

Education is the major factor that had direct and indirect impacts over the health of a family. The major direct impact of education was to expand health-based knowledge. Mahmood, Hussain, Sohail, Hussain, & Ahmad (2013) supports with the very line of the study that educated women and men have more awareness and consciousness about their health. Health-based knowledge in a family overcame the diseases of the family members. Education was the major source of income and better living standard of a family. Education made changes in the lives of people by getting employment.

An employed person had more chances of quality of health hence it was called indirect impacts of

education over the family. Sand, et al, (2018) explained that employment opportunities are directly linked with positive outcomes of health especially children health related problems. It was stated in a study that a high level of education increased the health-based knowledge and also reduced the risk of diseases. Importantly, mother education was a very essential factor that has much influence in the lives of children. An educated woman had knowledge about health and diseases hence she could easily manage the health-based issues. A formal education had an important role in the family because the members of the family have knowledge about health. It seemed that low educated families were facing many health-based issues. Lack of knowledge about health was a big social problem among families. Health and education had a great connection in order to prevent social based diseases of health. A person who had proper knowledge about health then he can easily response at the time.

According to a respondent that there was a huge gap between health and knowledge of child based diseases. Most people did not have knowledge about the causes and effects of diseases hence their children became victimized of numerous diseases.

An informant stated that that one can use proper food in the diet on daily basis. Proper food diet reduced the risk of diseases and it also made the body fit. The proper food diet had many positive impacts over the mental growth and work capacity of a person or child. The research findings are correlated with Hirani (2012) that lack of proper diet mostly children faced malnutrition problems at their early ages. Eating healthy food was the major pre-cautions of reducing diseases among children's and adults. The issue of malnutrition among children was due to lack of proper food consumption hence they were being victimized of malnutrition based diseases. An important problem of malnutrition among children was due to mother feeding and her consumption of proper food before and after the child born. Mother supply of food was very essential before and after the child born because it reduced malnutrition based diseases among children.

Proper food supply among women was a big issue. It was considered of gender-based prejudice against women and newborn girls. There was an issue of health and food supply to women and girls. Hence most of the children were become victimized of malnutrition based diseases. It was also observed that female children had more death rates with compare to newborn male

babies. This kind of gender-based prejudice led many social aspects of health and its causes.

Health status was not only related to the level of income but also the education of an individual. Through the evidence of past research studies that education and health had a positive relationship. The unskilled people had a low level of health status than the professionals. The professionals had more resources for health access. It was because the professionals have more education and better jobs; therefore, they had more level of income that enabled them to achieve adequate healthcare services. High level of education predicted more jobs and better income hence they were able to purchase more healthy goods and services.

Women who had more education level led to proper and adequate access to healthcare services. Less educated and uneducated women had less awareness and resources of healthcare services.

Occupation is another social factor that was closely related to the income and education of an individual. Occupation was a social factor that measures the level of health of an individual. Occupation based illness was measured on the basis of the working condition of one's. Physical tough work, environmental hazards, pollution were the major ingredients of occupational illness. More hours of work and night shift of work created stress and make weak the immune system resultantly long-lasting health-based problems created.

Through evaluating the review of literature that health had a deep connection between social and cultural factors. The gap in proper communication between patients or parents of patients and doctors led to problems. Proper communication between parents of patients and doctors made improving the health outcomes such as diseases outcomes and satisfaction of patients. Social satisfaction was also a vital favourable factor to maintain health. Emotional support to patients reduced stress and tension. The high amount of love to the patients of parents led to more positive health outcomes.

Social surrounding of an individual might affect the wellbeing of an individual that escorted to the conditions of illness. Health can be analyzed through various factors such as living standard of people, people observation about disease, income and education of the people.

## **6.2 Disparity among rural and urban lifestyle**

The quality of health kept the matter in an area. The service of health is growing but a matter of quality

was still questionable especially in the remote areas of Pakistan. The access to good health was a kind of social blessing to the patients because they visited on emergency and regular basis of health centres.

In fact, most of the population of Pakistan was living in rural areas and the rural population of Pakistan had less access to health facilities with compare to urban areas. Urban areas of the country had more chances of quality of health as well as awareness about health concerns among people. The major hospitals and health centres were located in the urban areas of the country whereas the quality of health was high than in rural areas of the country. The access to health centres and quality of health was directly linked with the treatment of diseases, especially in children health related problems. The study was conducted by Nisar, et al, (2016) concluded that geographical area is an important factor of health and the access of basic health unit services. The factors of access and quality health were a kind of social aspects of children's health.

Income inequality had an inverse impact on the health status of an individual. The income inequality was founded at rural and urban areas of the country that had much influence over the health status of an individual and living standard. The socio-economic conditions of the rural people were worse than the urban people. Income inequality was founded among rural and urban areas whereas rural area faced much economic deprivation and the rural area had poor health services. The health facilities were also made differences among the rural and urban areas. The cities of the country had much and more advanced health services as compared to the rural region.

### **6.3 Cultural factors and child health related problems**

In rural, traditional healthcare system was founded due to the lack of proper healthcare facilities and poor healthcare system. Further, the traditional and modern healthcare services were founded due to access and un-access of advanced technology and its usage into the field of medicine. The gap of healthcare services at the rural and urban region was due to policies of government at local level.

It was generally observed that various ethnic communities' practices health services through their own way of lives. Due to different cultures and belief patterns among the communities had also a different experience of health status. These practices of health escorted to an impact on the wellbeing of patients.

Traditional based health care was also observed among children by their parents', especially female parents. The precaution of treatment was very low and traditional process of treatment of children is the main reason for deaths of children. The adoption of traditional healthcare of women regarding their children was way to several diseases among children.

## **7. CONCLUSION**

In conclusion, the researchers concluded that most of the respondents were under the line of poverty and their income level was very low. It was due to poor economic situations hence people cannot afford health expensive. Income was the major source of paying health expensive but due to poverty most of the respondents did not visit the hospitals for treatment. Health issues created a problematic circumstance whereas the victims of the health issues were becoming in stress. Hence, the patients visited on daily routine base at doctors. The food quality of the patients was very essential. It was because proper food consumption reduces the risk of malnutrition based diseases among children. A healthy patient was considered assets of a healthier society. Education was a very crucial role in the health sectors because educated parents had an effective role in the development of children. In case of quality of health, the government had to take bold steps for the betterment of hospitals and to provide access to hospitals. It was also the responsibility of the government to provide quality based healthcare access to the locals and it was the basic right of people. While the quality based health services were only available at private hospitals and the public hospitals quality was questionable hence people were moving to private hospitals for quality services. Those who were economically sound they visited private hospitals due to adequate healthcare services. It was observed that poor cannot visit and afford the expansive of health at private hospitals. Therefore, they depended on public hospitals for treatment and their satisfaction level was very low regarding healthcare services. Health-based problems were very complex and simple remedies were not the resolution of all problems. Lack of access to health centres at the local was the major hurdle to health sector because people did not have access to healthcare services easily.

## **8. LIMITATIONS**

The study carried out at district Tharparkar and hence one cannot generalize the conclusion the results of the study at a broad level. The study duration was very limited due to lack of resources and time management.

The whole area of the district was not covered under this study due to lack of income and other facilities. Therefore, the researcher did not cover many aspects of health in the study and more research was needed on health-based problems among children.

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