

## Socioeconomic causes of women's malnutrition and its impacts: a case study of district Peshawar, Pakistan

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### Abstract

The study was conducted in Peshawar district in order to find out the socio-economic causes of malnutrition among women. A descriptive type of study was conducted in the year 2020-2021. Data was collected from a sample of 393 from 5 different villages of Peshawar district. Sample size was selected by using the Yamane Formula. It was found that most of the women were married and had low level of education due to poverty. Most of the respondents were living in joint family system and were have economic reasons. 49.1% women had come across miscarriage and still births. 27.1% of the respondents were unaware of malnutrition as a serious health issue. 58.5% of the respondents were found with health issues diagnosed from year 24.7% were affected by malnutrition from different angles. 49.1% respondents were experiencing psychological issues due to malnutrition. More than 50% were having several health issues like high blood pressure, obesity, diabetics, eating disorder etc. 59.3% told that they were, or their families were facing economic issues which was the major cause of their malnutrition. 18.6% of the women were found that they were not eating enough meal, i.e., three times daily basis.

**Keywords:** malnutrition, women malnutrition, factors of malnutrition, consequences of malnutrition, poverty and malnutrition.

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## 1. Introduction

Malnutrition is a condition in which a lack of or an imbalance of strength, such as protein, affects the body's size, form, structure, and capacity. Even if you consume a healthy diet, if you don't get enough nutrition, you may develop health problems. "The insufficient, inadequate, or inconsistent consumption of nutrients" is classified as "unhealthy nutrition." Lack of sufficient nourishment can stifle legitimate development, putting children at risk for rickets, stunted development, and even organ failure (Bhagat, 2017). Women who do not acquire enough nutrition are subjected to a growing number of illnesses and failures. Due to a lack of nutrients, women never become healthy. In the current studies, poverty, lack of development, lack of awareness, and lack of education are all variables that contribute to malnourished women. Chronic ailments, such as malnutrition and nutritional deficiencies, affect women as well (Young, 2013). As a result of the culture's negligence, the majority of women do not receive appropriate nutrition. As a result, it's a puzzle why women have been overlooked by society. Our people are still locked in their old decent culture and traits that haven't changed with the times as the world moves towards the twenty-first century (Young, 2013).

Women's lack of access to adequate nourishment is an inescapable issue around the world. Whatever the case may be, the authority and character differ from one country to the next. In terms of Pakistani women, they are side-lined, denied financial resources and dominated in all aspects of life by male family members (Ullah *et al.*, 2017). As a result, huge monetary discrepancies exist across various socioeconomic groupings in Pakistan, as well as differences based on station, clan, tribe, and class. Women's standing and privileges have been influenced by these characteristics at all levels and in all sectors, as well as their rightful allegiance in basic leadership roles. Even for independent management, they have very limited space. In Pakistan, male family members are dominant over female family members due to their financial independence. Traditionally, women were in charge of household management. The majority of women are unable to support themselves financially (Syed *et al.*, 2017). Economic factors dominate other factors when it comes to the causes of malnutrition in women (Mirza, 2004). Furthermore, healthcare only receives 3% of the total budget. This isn't enough to cover basic needs like health, food, and clean drinking water. Women in Khyber Pakhtunkhwa are suffering severely due to the ignorance of their families and spouses, as well as a lack of essential health treatments (Khan *et al.*, 2009).

The purpose of this study was to determine the factors that contribute to malnutrition in women in the Peshawar district. Data was acquired from 393 respondents using random sampling in a cross-sectional research study. Malnutrition was shown to be caused mostly by a lack of education and poverty among the women in the study area. Government agencies should focus on people's economic conditions and give work opportunities for women right at their doorstep.

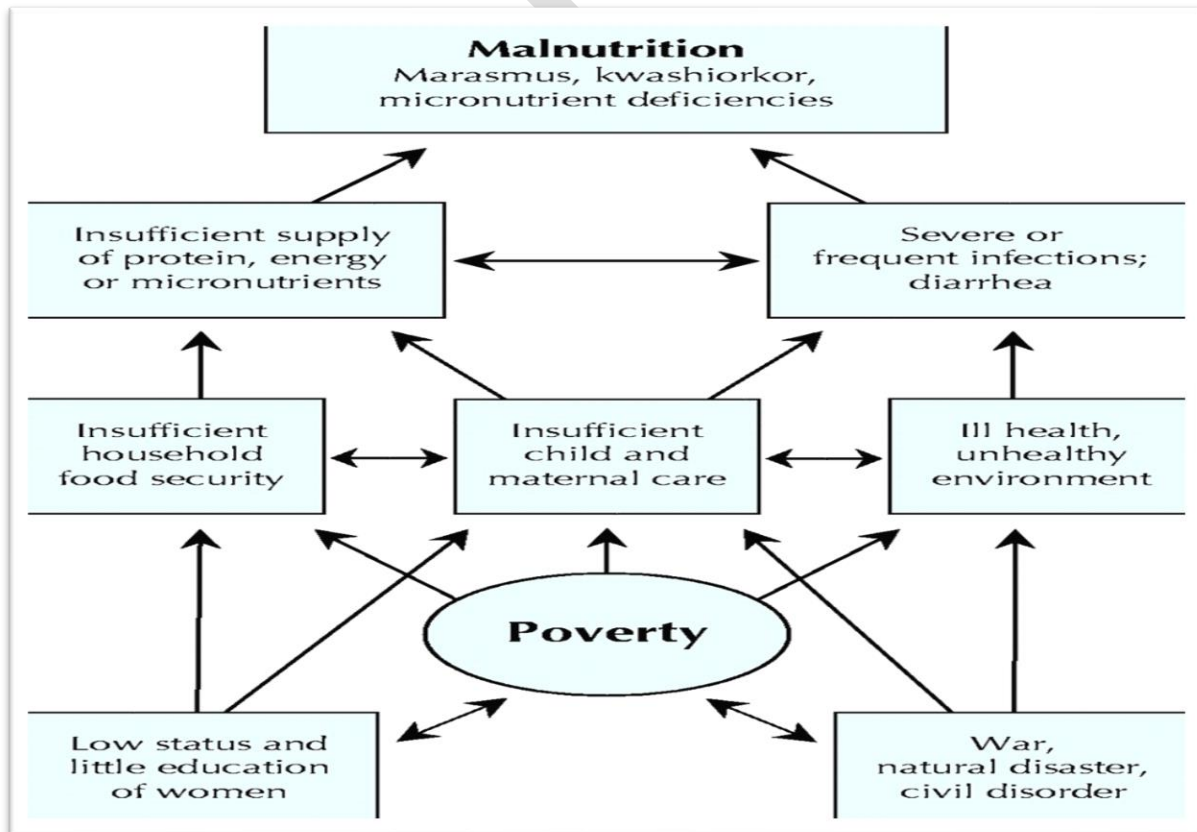
## 2. Literature review

Malnutrition is defined as "a poor diet". Malnutrition can also refer to a bad diet. It could have too little or too much of anything (Young, 2013). Malnutrition is a nutritional condition in which a lack of energy, protein, or another nutrient has an impact on body size, shape, composition, and function (Rebecca *et al.*, 2003). Due to a lack of enough nourishment, their growth may be slowed, putting them at risk of developing rickets, stunted growth, or even organ failure. A person can be malnourished for a long time or a short time. It is possible that

the ailment is modest or severe (Gavin, 2015). While eating a healthy diet, not getting enough nourishment might lead to health problems. Malnutrition can be defined as “*the insufficient, excessive or imbalanced consumption of nutrition*” (Bhagat, 2017).

Malnutrition is a condition in which a person consumes nutrients in excess, insufficiently, or in an unbalanced manner. Malnutrition is divided into two types: undernutrition and overnutrition (WHO, 2011). Overnutrition is an essential necessity for maintaining bodily growth and development, whereas undernutrition is the insufficient ingestion of energy and protein (Dewan, 2008). Undernutrition or malnutrition refers to a lack of nutrients, whereas overnutrition refers to a surplus of nutrients. Overeating can have comparable consequences, with the person becoming obese. Malnutrition is a term that is frequently used to refer to a lack of food. If undernutrition happens during pregnancy or before the age of two years, it can cause long-term physical and mental difficulties. Malnutrition occurs when a person's nutritional reserves are nearly depleted. Around 60% of people reach middle age and experience functional and psychological changes (Gomez *et al.*, 1956). Extreme malnutrition, often known as hunger, can cause symptoms such as short stature, a thin body, low energy, and swelling legs and abdomen. Infections are very common, and people are usually chilly. The signs and symptoms of micronutrient deficiencies vary depending on which vitamin is deficient (Young, 2013). The lack of sufficient high-quality meals is the most common cause of malnutrition. This is frequently linked to poverty and high food prices. A lack of nursing could be a factor. A lack of breastfeeding may contribute, as may a number of infectious diseases such as: gastroenteritis, pneumonia, malaria, and measles, which increase nutrient requirements (WHO, 2017).

Figure 1. Direct and indirect causes of malnutrition



Some models have been widely used, allowing researchers to more effectively explore health issues. The selective model is thought to be impractical and costly. The selective model has been rethought in global health strategies because it has not adequately addressed the interrelationship between health and socioeconomic development (Cueto, 2004). The explanatory model has been used to explain women's mental health issues. It's all about women's mental health issues and cultural construction. Stress and sadness were the mental health problems of women in the low-income category, according to the model. Stress and sadness were the mental health problems of women in the low-income category, according to the model. Depression in women is a serious health issue. It's all about the mental issue. The majority of the time, however, the physical symptoms were classified as a health problem. That is, however, the women's socioeconomic problems, but the environment in which she lived was completely reliant on it.

The mental health of a couple is influenced by their married life. Explanatory models are well aware of the positive effects on mental health policy and planning. Both are carried out at the national level. Trainees in professional health contribute to the diagnosis of mental health problems by using explanatory models (Aidoo & Harpham, 2001). The clinical assessment methodology is another option. In which the patient's morbidity and mortality have been examined by the doctors. The patient should be admitted to the hospital for a longer or shorter stay. The patient is treated with a Multivariate logistic regression analysis throughout this time. The regression model is used to identify potential confounding variables (Correia & Waitzberg, 2003). The other effective primary health care delivery strategies are for underdeveloped countries' rural and remote areas. In the mid-1990s, a specific rural health policy was formed. The effective primary approach is unacceptably ineffective in wealthy countries (Wakerman *et al.*, 2009).

Pakistan has one of the world's fastest-growing populations. Currently, the population is growing at a pace of roughly 2.4 percent each year, reaching 207.8 million in 2017 (Pakistan Bureau of Statistic, 2017). Pakistan is now projected to be the world's sixth largest economy by the year 2050 (Pappas *et al.*, 2001). There is a need to build an evidence foundation to support policy creation in the fight against anxiety and depression (Mirza, 2004). Total health costs as a percentage of GDP are 2.6, whereas total health expenditures per capita are 129 dollars in 2014 (World Health Statistics, 2015). Pakistan was ranked 122nd out of 191 nations in terms of overall health system performance by the WHO. Pakistan has a population of about 207 million people, making it the world's sixth most populous country. It is a country with a low standard of living. While the average person earns less than 5000 rupees per year, and 24.3% of the population lives in poverty (Pakistan Bureau of Statistic, 2017). The nation's destitution headcount has consistently decreased at both the territorial and the national levels, with neediness in rural and urban areas exhibiting a downward pattern in 2015-16, with neediness headcounts of 12.5%, 30.7%, and 12.5%, respectively. The literacy situation is extremely poor.

Pakistani women are afflicted with health issues. The majority of them are malnourished as a result of illiteracy, a lack of information about the importance of nutrition in their lives, early marriage, poor living conditions, high maternal mortality, and severe anaemia (Saeed, 2016). Every year, over 28,000 women die in Pakistan. Complications during pregnancy and labour are possible. Fertility is at an all-time high. In Pakistan, about half of the women have no more than three children. They are unable to afford it. It is possible to avoid becoming pregnant after

the age of 35. Pakistan has long been a male-dominated nation. The couple is unable to speak with one another or even address such issues (Khan *et al.*, 2009). Women's malnutrition has increased in Khyber Pakhtunkhwa over the previous decade, and they should be provided with a balanced diet to combat diseases. The number of instances among malnourished women in the province has been observed. Malnutrition was prevalent in Khyber Pakhtunkhwa at 43-48 percent (Bureau Report, 2011).

### 3. Research methodology

In order to conduct a thorough investigation into the causes of malnutrition among women in Peshawar's district. The researchers used the lottery approach to collect data in five distinct basic health units using simple random sampling. The basic sampling technique is simple random sampling, in which we select a set of participants (a sample) for research from a larger group (a population). Each person is chosen at random, and everyone in the population has an equal chance of being included in the sample (Easton & McColl, 1997). 393 malnourished women were randomly interviewed in five different basic health units (BHUs).

#### 3.1. Universe of the study

The data was collected from various BHUs (basic health units) in the district of Peshawar for the study on malnourished women. A total of 47 BHUs operate in various parts of Peshawar district. In which data is collected from 5 BHUs using a lottery system. MulaZai, Lalakalli, Wadpaga, Chamkani, and SufaidDheri are among them. A random number of responders were chosen from each BHU.

#### 3.2. Sample size estimation

The Yamane formula was used to calculate the sampling size because the population size is known (Yamane, 1967). Each union council's sampling size was determined using the proportional allocation approach. Yamane Formula derives from mathematics.

$$n = N / 1 + Ne^2$$

Where,

n = required response

e<sup>2</sup> = error limit

N = sample size

$$2,081602 = 22949 / 1 + 22949 \times (0.05)^2$$

$$n = 22949 / 58.3$$

$$n = 393$$

The total of 393 respondents (women) were interviewed.

#### 3.3. Sample size

The study was conducted in the district Peshawar, Khyber Pakhtunkhwa, Pakistan. The total of 393 malnourished women was interviewed.

Table-1: Sampling size

S.No	Union Council	BHU	Female	Proportional Allocation	Sample Size
1	MulaZai	BHU Mulazai	8775	$8775 \times 393/22949$	150
2	Lalakilli	BHU lalakilli	4940	$4940 \times 393/22949$	85
3	Wadpaga	BHU Wadpaga	6263	$6263 \times 393/22949$	107
4	Chamkani	BHU Chamkani	1612	$1612 \times 393/22949$	28
5	SufaidDheri	BHU Sufaiddheri	1359	$1359 \times 393/22949$	23

### 3.4. Data collection tools

Using original information, obtaining, storing, and accessing data are all examples of data collection tools. Quantitative research and qualitative research are the two types of data collection tools. Interviews, questionnaires, focus group talks, and observation were among the other types. The primary data explains the researcher's very first data collection. Because of the nature of the study, an interview schedule was employed to obtain data from respondents. The interview schedule was created based on the respondents' intellectual abilities. The interest in the interview between the interviewee and the interviewer is heightened by the face-to-face dialogue. The interviewer gathers information via taking notes, steno typing, videotaping, or recording audio. There were both closed and open-ended questions throughout the interview. So that the questionnaire could be quickly translated into the respondent's native language, and they could confidently answer the questions. During the research, a malnourished women's interview schedule was created. However, it was further classified in reference to the family in between the interview schedules. Single, married, widowed, and divorced are just a few examples.

### 3.5. Data analysis

The data analysis is a crucial and challenging aspect of research methodology. It can take the shape of quantitative, descriptive, or inflectional statistics. Different themes were studied in the quantitative research. Qualitative research is frequently viewed as a tool, relying on researcher abilities to gather data in natural settings and decipher meaning through colourful, exploratory, or descriptive approaches (Marriam, 2009). Closed ended questions were also explored in depth, whereas open ended questions were mainly found to be similar in terms of the kind of problems people were having in their lives and with their health. The latest SPSS computer programme (statistical package for social sciences) was used to further analyse the data collected. It provides statistics such as the question's frequency and proportion, which were then utilised to explain and justify.

## 4. Results and discussion

### 4.1. Respondent's frequency and their catching periphery

The frequency of responders and their catching periphery of 5 distinct BHUs are shown in table-2 (Basic Health Unit). A total of 393 people were asked to participate in the survey. In Chamkani, 6.9% (27 women) of the respondents were interviewed. In Lala Kalli, 21.6% of the ladies (85 women) were questioned. In Mula Zai, 38% (150 women) were interviewed.

Furthermore, 5.9% (23 women) were interviewed in Sufaid Dheri, and 27.2% (107 women) were interviewed in Wadpaga, according to the interview schedule. Even though the interviewers were quite optimistic and would easily probe according to the interview schedule, Mula Zai has 38 percent of the responses, which is due to the fact that the population of the area is larger than the rest of the areas.

Table-2: Number of respondents and their catching periphery

Basic Health Unit	Frequency	Percentage
Chamkani	27	6.9
Lalakalli	85	21.6
Maulazai	150	38
Sufaiddheri	23	5.9
Wadpaga	107	27.2
Total	393	100.0

#### 4.2. Age of the respondent

The ages of the respondents are shown in table-3 below. 49/393 (10.7%) of the responders were under the age of 20. A total of 114/393 people (29.0%) were between the ages of 21 and 30. 110/393 (28.0%) were between the ages of 31 and 40. 62/393 people (15.8%) were between the ages of 41 and 50. 64/393 (16.3%) of the respondents were over the age of 51. 29.0 percent of those polled were between the ages of 21 and 30.

Table-3: Age of the respondents

Age	Frequency	Percent
Below 20 years	42	10.7
21-30 years	114	29.0
31-40 years	110	28.0
41-50 years	62	15.8
51 and above	64	16.3
Total	393	100.0

#### 4.3. Literacy of the respondents

Table-4 indicates the literacy rate among women in Peshawar district. Literacy was detected in 94/393 (23.9%) of the respondents. They could read and write, but 298/393 respondents (75.8%) were illiterate. They could not possibly desire to attend a school. They'd have no idea how to read or write. 15/393 (3.8%) respondents had completed primary school, 3/393 (0.8%) respondents had completed middle school, 50/393 (12.7%) respondents had completed high school, and 26/393 (6.6%) respondents had completed post-secondary education. The most significant conclusion is that 75.8% of respondents answered No because they were illiterate. 12.7% of those polled had completed their matriculation. It's because their family is similarly well-educated.

Table-4: Literacy of the respondents

Literacy rate	Frequency	Percent	Level of Education	Frequency	%
Yes	94	23.9	Primary	15	3.8
			Middle	3	50.8
			Matriculation	50	12.7
			Any other	26	6.6
No	298	75.8			
Total	393	100.0			

#### 4.4. Family type and marital status

Table-5 demonstrates the different types of families, with 139/393 (35.4%) respondents belonging to the nuclear family, 212/393 (53.9%) respondents to the joint family, and 41/393 (10.4%) respondents to the extended family. Table-5 reveals that 59/393 (15.0 percent) of the respondents were single, 285/393 (72.5%) were married, 49/393 (11.7%) were widowed, and 2/393 (0.5%) were divorced. Because they primarily lived together in one house, 53.9 percent of respondents were in a family kind of joint. Because they are in the majority, the findings showed that 72.5% of respondents were married.

Table-5: Family type and marital status of the respondents

Family type	Frequency	Percent	Marital status	Frequency	Percent
Nuclear	139	35.4	Single	59	15.0
Joint	212	53.9	Married	285	72.5
Extended	41	10.4	Widow	49	11.7
			Divorce	2	0.5
Total	393	100.0			

#### 4.5. Respondent's miscarriages or still births

The results revealed that 193/393 (49.1%) of those polled had experienced miscarriages or stillbirths. The respondents stated that they were overworked. As a result, they were unable to care for themselves, and their mother-in-law did not cooperate. The respondents stated that their pregnancy had some difficulties, notwithstanding the fact that they could not have completed the nine-month period. 92/393 (23.4%) of respondents claimed they had never experienced such agony. One to three miscarriages or stillbirths were reported by 177/393 (45.1%) respondents. Two miscarriages or stillbirths were reported by 60 responders. Four to six miscarriages or stillbirths occurred during pregnancy or after delivery, according to 16/393 (4.1%) respondents. Four people claimed they had five miscarriages or stillbirths. The majority of respondents (49.1%) claimed they did not see a doctor during their pregnancy. They don't even take care of themselves and can't eat properly on time. According to the findings, 45.1% of respondents claimed that one to three months of their pregnancy will not be completed. While some mothers claimed to have completed their pregnancy. However, the infant would not have survived in this world, and some speculated that their child would have perished in the womb.

Table-6: Respondent's miscarriages or still births

Miscarriages or Still Birth	Frequency	%	If yes	Frequency	%
Yes	193	49.1	0 – 3	177	45.1
			4 – 6	16	4.1
No	92	23.4			
Total	393	100.0			

#### 4.6. Pregnancy of the respondent

According to the results, 63/393 (16.0%) of respondents indicated they were now pregnant. Currently, 222/393 (56.5%) of respondents indicated they were not pregnant. Table-7 shows that 9/393 (2.3%) of respondents had begun their pregnancy. They are in the early stages of development. During those months, no such issues arose. They went to the doctor as well for treatment. Their husbands were quite helpful. Three of the responders were in the third month of their pregnancy. Six of the responders were in their fourth month of pregnancy. They were all in good health and had no problems with their pregnancies. The majority of the respondents 37/393 (9.4%) were in their fifth or seventh month. They also had no problems with their pregnancy or health. They were highly active, and their husband's support and love were incredibly motivating. 15 of the respondents indicated they were in their sixth month of pregnancy. 16 of the respondents were in their seventh month of pregnancy. 13/393 (3.3%) of those who responded were in their eighth month of pregnancy. They were overjoyed that they were almost there. They were ecstatic about their pregnancy. A total of 4/393 (1.0%) of those polled were in the final month of their pregnancy. They were anticipating the arrival of their package to help them give birth to a healthy kid and that their pregnancy goes easily.

Some women stated they suffered health problems while pregnant. However, because to the support of my husband and a doctor's visit, I am able to continue. They might be able to make it to the end. 69/393 (17.6%) respondents stated that they are currently lactating. The majority of the children were under the age of a year. As a result, they are completely reliant on their mother's milk. The youngster was not fed by 216/393 (55.0%) of responders. The majority of them have gone through that time period. Because they didn't have enough milk to feed her child, some parents started using formula milk a few months ago. 56.5 percent of those polled said they were not expecting a child. The bulk of the 5.4 percent respondents stated they were pregnant and were in their 5th to 7th month of pregnancy, according to the results. 55.0 percent of those polled indicated they do not feed their children. It's because they weren't in the middle of the lactating process.

Table-7: Pregnancy of the respondent

Pregnant	Frequency	%	If yes	Frequency	%	Feeding child	Frequency	%
Yes	63	16	2–4	9	2.3	Yes	69	17.6
			5–7	37	9.4			
			8–9	13	3.3			
No	222	56.5				No	216	55.0
Total	393	100						

#### 4.7. Respondent's awareness towards malnutrition

The results revealed that 283/393 (72.0%) of respondents were aware of the problem of malnutrition. Some people stated that they were aware of the malnutrition due of the doctor in various ways. The majority of their visits to the doctor were for medicine. Some respondents stated that they learn about malnutrition primarily from their parents. Their mother-in-law was aware of the situation. Some people claimed that their sisters-in-law were aware of the situation. They became conscious as a result of them and went to the doctor for further therapy. 109/393 (27.7%) respondents indicated they would be unaware of malnutrition because they do not take it seriously most of the time. After then, their health problems begin after a while, and major difficulties may arise that they are unable to combat. Due to knowledge issues, it would be detrimental to their health.

According to table-8, 167/393 (42.6%) of respondents claimed they are mostly aware of malnutrition. It's because they went to the doctor on a regular basis and learned about it from the doctor. They receive their medication in a timely manner. 55/393 (14.5%) of those polled indicated they were educated and knew what they knew as a result of their education. They benefited much from their education. The results indicate that 19/393 (4.9%) of respondents claimed they learned about it via their in-laws. Malnutrition was something their mother-in-law was aware of. Some claim that their sister-in-law is aware of the situation. They become more aware of malnutrition as a result of them, and they are more likely to attend the doctor and take their medications on time.

The result shows that 11/393 (2.8%) of respondents indicated their mother was the source of their awareness. As a result, the respondents were more concerned about their health. 19/393 (4.9%) of respondents claimed they learned about it via their mother-in-law. Because they live in a joint family, their mother-in-law was aware of the situation. As a result, they pass it on to their daughter-in-law. 6/393 (1.5%) of respondents indicated they learned about it through their husbands. Their husband was a well-educated individual. 4/393 (1.0%) of those polled claimed they learned about the issue via a neighbour. They converse with their next-door neighbours. They suggested about the treatment. Therefore, the respondents got to know about the malnutrition through their neighbours.

Table-8: Respondents awareness towards malnutrition

Awareness about malnutrition	Frequency	Percent	If yes, how	Frequency	Percent
Yes	283	72.0	From doctor	167	42.6
			From education	55	14.5
			From in-laws	38	9.8
			From mother	11	2.8
			From husband	6	1.5
			From neighbour	4	1.0
No	109	27.7			
Total	393	100.0			

#### 4.8. Duration of illness of the respondents

According to table-9, 51/393 (13.0%) of respondents reported they had been on therapy for 1-6 months. It's because the majority of them were pregnant and really frail. As a result, their gynaecologist prescribed correct medicine, which allowed them to have a smooth pregnancy and a healthy child. Some responders stated that their condition changed after birth and that the nursing period was unpleasant. As a result of the treatment, they felt a little more calm. 111/393 (28.2%) of those polled claimed they'd been diagnosed for around a year. They were in their middle ages at the time. They put forth a lot of effort at home and on the fields. They wouldn't even be concerned about their food intake. As a result, the length of their disease is lengthening day by day. Because they didn't have enough time for themselves, they mainly ignored their health problems.

The results show that 230/393 (58.5%) of respondents claimed they have been diagnosed for a long time. Because some of them were in their latter years, the health difficulties lasted longer than 10 to 15 years. Some people stated that they were uninterested in receiving treatment. Some respondents stated that they have tried medications but that they were ineffective. It works for a while, but after a while, the same difficulties may resurface. The results suggest that 58.5% of respondents have been diagnosed for many years, owing to the fact that they were diagnosed when they were in their middle ages, as well as the fact that they came from a very impoverished household in which most of their time was spent on home activities. They would have had insufficient time to relax and care for themselves.

Table-9: Duration of illness of the respondents

Duration of illness	Frequency	Percent
1-6 month	51	13.0
Year	111	28.2
Years	230	58.5
Total	393	100.0

#### 4.9. Treatment of the respondents

They were well aware of the gravity of health problems that could arise after a year. As a result, they went to the doctor frequently for therapy. They were punctual in taking their medications. 160/393 (40.7%) of respondents claimed they would not receive care in a timely manner. It's because 5/393 (1.3%) of those polled indicated they couldn't eat too many medications. They had gastric issues, so they stayed away from the drugs for the most part. As a result, their health problems grew worse with each passing day. 21/393 (5.9%) of respondents indicated they couldn't afford to go to the doctor for treatment. They don't have time for themselves, and neither do their husbands. They mostly desire company since they can't go to the doctor on time without it.

The results further shows that 16/393 (4.1%) of those polled indicated they had no idea what malnutrition was or how to manage it. They primarily employed home cures for treatments, which helped to improve their health. 9 out of 393 people (2.3%) indicated they couldn't take it seriously. Family members, according to the respondents, were not as concerned about the therapy. Because they choose home medicines, the duration of their ailment has been

lengthening day by day. 102/393 (26.0%) of those polled indicated they couldn't afford doctor's bills and medications. The majority of responders (59.0%) stated that they received their treatment on time because they wanted to survive.

Table-10: Treatment of the respondents

Treatment on time	Frequency	Percent	If No	Frequency	Percent
Yes	232	59.0			
No	160	40.7	Can't eat medicines	5	1.3
			Can't manage to go to hospital	21	5.9
			Didn't know about it	16	4.1
			Doesn't take it serious	9	2.3
			Poverty	102	26.0
Total	393	100.0			

#### 4.10. Effect of malnourishment on respondent life

According to the findings, 97/393 (24.7%) of respondents claimed their family life was being disrupted. The respondents stated that they could not undertake such strenuous labour because of their family's support, which urges them to be healthy. The family was extremely helpful. 26/393 (6.7%) of respondents indicated they couldn't work as much as they wanted. They rapidly felt exhausted. As a result, their family assisted them with household chores. Occasionally, their lives would be disrupted by a slew of other issues. 2/393 (0.5%) of respondents stated that their family takes great care when conducting household tasks. They also look after the health and nutrition of their children. 6/393 (1.5%) respondents claimed their daughters-in-law were really helpful. The participants stated that they were too elderly to work hard. As a result, the support of sons and daughters-in-law makes life more enjoyable.

The energy level of 49/393 (12.5%) responders were always poor. They were always sluggish. As a result, their families place a high value on their own and their children's health. Some of them claimed that because they live apart, keeping track of everything was tough. Their family's support plays a significant role in their lives as a result of this. Because their health concerns may necessitate some rest, 3/393 (0.8%) respondents claimed their sisters assisted them in household duties. As a result, their sisters aided them during difficult times. 295/393 respondents (75.1%) stated that their family life will not be disrupted.

The majority of respondents, as shown in table-11, do not have such life-threatening health issues. As a result, they were at ease with their current situation. They were capable of managing both their health and their home. The majority of respondents stated that they live in a combined family arrangement and that they all work together. According to the findings, 75.1% of respondents stated that their family lifestyle is unaffected by their health difficulties. It's because the vast majority of responders couldn't concentrate on their household chores. However, because they support each other, they are unlikely to experience such problems in their household. According to the results, 12.5% of respondents stated their energy level was usually always low.

Table-11: Effect on respondents' family lifestyle

Family lifestyle	Frequency	Percent	If yes	Frequency	Percent
Yes	97	24.7	Can't do lot of Hard work	26	6.7
			Family cares a lot	2	5
			Daughter in- law help	6	1.5
			Lack of energy	49	12.5
			Sisters help me a lot	3	8
No	295	75.1			
Total	393	100.0			

#### 4.11. Effect of malnourishment on respondent behaviour

The results suggest that 193/393 (49.1%) of respondents said that their behaviour and mood had changed significantly. Because 90/393 (23.0%) of respondents claimed they were in an aggressive mood the majority of the time. 38/393 (9.7%) of respondents claimed that they were largely upset inside and sobbed for a minor issue. 15/393 (3.8%) of respondents indicated they were always tired and didn't want to work. 40/393 (10.3%) of those polled admitted to fighting with their wives, in-laws, neighbours, or other relatives for no apparent reason. 7/393 (1.8%) of respondents indicated their mood and behaviour fluctuate from time to time. 199/393 (50.6%) of respondents claimed they would not notice any changes in their behaviour or mood. The majority of responders stated that no such change in their mood or behaviour had occurred. It's because they went to the doctor and took their medications on time. According to the findings, 50.6% of respondents indicated their behaviour and mood were the same as on other days. They would not experience any changes in their mood or behaviour. It is because they are unconcerned about their actions. According to the results, 23.0% of respondents reported they felt aggressive. It's because they're unconcerned with other people's feelings.

Table-12: Effects on behaviour and mood of the respondents

Change in behaviour & mood	Frequency	Percent	If yes	Frequency	Percent
Yes	193	49.1	Aggressions	90	23.0
			Always crying and feeling sad	38	9.7
			Feel lazy mostly	15	3.8
			Fight with other	40	10.3
			Mood swing change time to time	7	1.8
No	199	50.6			
Total	393	100.0			

#### 4.12. Health problems face by the respondents

Table-13 demonstrates that eating disorders were reported by 29/393 (7.4%) of respondents. Eating disorders and other health difficulties were reported by 11/393 (2.3%) of respondents. 4/393 (1.0%) of respondents claimed they had a variety of health issues, including eating

disorders, iron deficiencies, and osteoporosis. Eating disorders, osteoporosis, and other health difficulties were mentioned by 9/393 (2.3%) respondents. 7/393 (1.8%) of respondents reported they had eating disorders, as well as stomach issues and osteoporosis. 4/393 (1.0%) of those polled said they had eating disorders and/or food allergies. 2/393 (0.5%) of respondents reported they had a variety of health problems, including eating disorders, food allergies, iron deficiency, and osteoporosis. 12/393 (3.1%) of respondents said they suffered from eating disorders, food allergies, or osteoporosis. 3/393 (0.8%) of those polled indicated they had both eating problems and high blood pressure. 5/393 (1.3%) of respondents indicated they have multiple health difficulties, such as food allergies, high blood pressure, iron deficiency, and other issues. Eating disorders, high blood pressure, and osteoporosis were mentioned by 9/393 (2.3%) respondents. While 2/393 (0.5%) of those polled indicated they had both eating problems and osteoporosis. Twenty-one thousand and three hundred and ninety-three people (6.4%) indicated they had digestive issues. 4/393 (1.0%) of those polled reported they experienced stomach issues, high blood pressure, and osteoporosis. Digestive diseases, iron deficiencies, and other health difficulties were mentioned by 4/393 (1.0%) respondents.

The results further shows that 2/393 (0.5%) of those polled claimed they suffer from stomach issues as well as food allergies. 4/393 (1.0%) of those polled had many health conditions, such as intestinal problems, food allergies, and diabetes. 16/393 (4.1%) of those polled reported they experienced stomach problems, food allergies, and osteoporosis. 2/393 (0.5%) of those polled claimed they suffer from stomach problems as well as high blood pressure. Digestive difficulties, high blood pressure, diabetes, and osteoporosis were among the health conditions that 3/393 (0.8%) respondents had. 3/393 (0.8%) of those polled experienced stomach problems, high blood pressure, and an iron deficiency. Digestive diseases, high blood pressure, iron deficiency, and osteoporosis were mentioned by 5/393 (1.3%) respondents. 3/393 (0.8%) of the responders had both digestive and iron deficiencies. Digestive diseases, iron insufficiency, and osteoporosis affect 4/393 (1.0%) of respondents. Food allergies were reported by 40/393 (10.0%) of respondents. 3/393 (0.8%) of those polled had both food sensitivities and high blood pressure. 6/393 (1.5%) of respondents reported they had food allergies, high blood pressure, and were diabetic. Food allergies, high blood pressure, and iron deficiency were all present in 4/393 (1.0%) of the responders. Food allergies, high blood pressure, and osteoporosis were all present in 13/393 (3.3%) of the responders. 5/393 (1.3%) of respondents reported they had a variety of health problems, including food allergies, high blood pressure, osteoporosis, and other ailments.

Food allergies and iron deficiencies were found in 6/393 (1.5%) of the responders. Food allergies, iron insufficiency, and osteoporosis were all present in 7/393 (1.8%) of the responders. Food allergies and osteoporosis were present in 10/393 (2.5%) of the respondents. High blood pressure was present in 60/393 (15.0%) of the responders. High blood pressure, iron deficiency, and osteoporosis were all mentioned by 25/393 (6.3%) of the responders. Blood pressure, osteoporosis, and diabetes were all present in 10/393 (2.5%) of the responders. High blood pressure, diabetes, and iron deficiency were all present in 3/393 (0.8%) of the responders. High blood pressure, food allergies, iron deficiency, and osteoporosis were all present in 4/393 (1.0%) of the responders. 6/393 (1.5%) of those polled claimed they had both high blood pressure and an iron shortage. High blood pressure, iron deficiency, osteoporosis, and other health issues plagued 4/393 (1.0%) of respondents. Blood pressure, iron insufficiency, and other health conditions plagued 4/393 (1.0%) of respondents. High blood

pressure and osteoporosis were present in 16/393 (4.1%) of the responders. High blood pressure, osteoporosis, and other health issues plagued 15/393 (3.8%) of respondents.

Diabetics were present in 24/393 (6.2%) of the responders. Diabetic and osteoporosis affect 12/393 (3.1%) of responders. 3/393 (0.8%) of those polled had many health concerns, such as diabetes, high blood pressure, osteoporosis, and other ailments. Diabetes, iron deficiency, and osteoporosis were all present in 8/393 (2.0%) of the responders. 2/393 (0.5%) of those polled have diabetes and other health issues. Iron deficiency affects 55/393 (18.8%) of respondents. Except for them, 8/393 (2.0%) of respondents exhibited iron deficiency as well as other health concerns. Iron deficiency and osteoporosis were found in 15/393 (3.8%) of responders. Iron deficiency, osteoporosis, and other health conditions plagued 18/393 (4.6%) of responders. Osteoporosis was reported by 122/393 (31.0%) of responders. According to the results, 31.0% of respondents had osteoporosis. It's because the vast majority of those polled experienced bone problems. They put up a lot of effort. Other health issues, such as high blood pressure, iron deficiency, and digestive difficulties, have become serious issues in women in recent years.

Table-13: Health problems face by the respondents

Health problems	Frequency	Percent
Eating disorders	29	7.4
Digestive disorders	21	6.4
Food allergies	40	10.0
Blood pressure	60	15.0
Diabetic	24	6.2
Iron deficiencies	55	18.8
Osteoporosis	122	31.0
Others	28	7.2
Total	393	100.0

#### 4.13. Economic hardships of the respondents

Table-14 shows that 233/393 (59.3%) of respondents claimed their families were experiencing financial difficulties. Table-14 shows that 5/393 (1.3%) of respondents begged on the streets due to financial difficulties. Thirteen out of three hundred and ninety-three people (3.3%) stated they borrow food from the business on a monthly basis. 12/393 (3.1%) of respondents admitted to reducing meal portions to encourage their children to eat more. 4/393 (1.0%) of respondents enlisted the help of their daughters. 62/393 (15.6%) respondents that they relied on others for help, such as close friends, neighbours, and so on. 30/393 (7.8%) responders expressly sought assistance from relatives. 4/393 (1.0 percent) of respondents indicated their husband worked two jobs to support the family. 2/393 (0.5%) of respondents indicated their moms assisted the family by working at other people's homes. 5/393 (1.3%) of respondents claimed their father was very supportive. The majority of the live stocks were sold, according to 15/393 (3.1%) of respondents. 4/393 (1.0%) of respondents were selling dry fruits on the street on carts. 10/393 (2.6%) respondents sold dairy products derived from live animals such as milk and poultry, primarily eggs and chicks.

Sewing at home was a source of assistance for 24/393 (6.2%) respondents. 9/393 (2.3%) of respondents claimed that their in-laws helped them when they were having financial difficulties. Twenty-three hundred and ninety-three people (5.1%) indicated they sought assistance from landlords during difficult economic times. 3/393 (0.8%) of respondents indicated they relied on their sons for assistance. 13/393 (3.4%) of respondents reported they supported their families while attending school and working as an aaya or sweeper. There were 151/393 (38.4%) respondents who claimed they had limited or no economic concerns. According to the results, 59.3% of respondents had financial difficulties. It's because they come from impoverished homes and don't have enough money to meet their basic necessities. It is because they never say no to them and know their economic difficulties very well and are trying to help and solve them with a big heart that 15.6% of respondents said they sought help or loans from others like friends and neighbours.

Table-14: Economical problems of the respondents

Economic problems	Frequency	%	If yes	Frequency	%
Yes	233	59.3	Begging	5	1.3
			Borrow from shop	13	3.3
			Cut down the daily meals	12	3.1
			Daughters help me	4	1.0
			Help from others	62	15.6
			Help from relatives	30	7.8
			Husband double duty	4	1.0
			Mother work in others home	2	5
			My father support me	5	1.3
			Selling live stocks and poultry	15	3.1
			Selling dry fruits in street	4	1.0
			Selling dairy products	10	2.6
			Sewing at home	24	6.2
			Support of in laws	9	2.3
			Taking help from landlords	20	5.1
			Taking help from sons	3	8
			Work in school	13	3.4
No	151	38.4			
Total	393	100.0			

#### 4.14. Eating behaviour and time of the respondents

According to the findings, 319/393 (81.2%) of respondents eat on time and take good care of their health. They are motivated to live by their families' love and caring. They feel healthy and confident because of their outlook on life. They're also able to connect with their doctors and take their medications on time. 73 people (18.6%) stated they usually skip one meal. They don't

want to eat too much, therefore they don't. Although there were some digestive issues, poverty was the primary cause. They were unable to afford a three-course supper. Some expressed the want to feed their families. They were unable to eat three times every day. According to the table-15, 40/393 people (10.3%) do not like to eat too much. Some of the respondents claimed to have a food allergy, which explains why they avoid particular meals. 10/393 (2.6%) respondents stated that they did not have enough money to eat three times a day. Poverty was the main reason for them skipping a meal. The respondents stated that they were unable to prepare three meals every day. As a result, they frequently skip one meal in order to feed the rest of the family. 5/393 (1.3%) of respondents claimed they did not want to eat. The respondents stated that they had health issues that prevented them from adequately digesting food. That is why they claimed to eat only a few meals every day 7/393 (4.6%) of those polled indicated they couldn't eat three meals a day in order to feed their children. According to the results, 81.2% of respondents stated they ate their meals on time. They were hungry as a result of their hard effort. As a result, they ate their meals. 40% of those polled stated they would not want to eat. It's because the majority of them experienced intestinal issues. Some of the people who responded indicated they had food allergies. Because of their diabetes, some people stated that they would not eat. While a few of them claimed that they had been overweight and that they now eat just a small quantity of food, others claimed that they had gained weight and that they now eat only a small amount of meal.

Table-15: Meal timing of the Respondent

Taking meal	Frequency	Percent	If No	Frequency	Percent
Yes	319	81.2			
No	73	18.6	Can't eat too much	40	10.3
			Can't manage to eat three times	10	2.6
			Don't like to eat	5	1.3
			Feed my children	7	4.6
Total	393	100.0			

#### 4.15. Food

According to table-16, 21/393 (5.5%) of respondents eat dairy products on a daily basis. They lived in a house with livestock. 32/393 (8.2%) of those polled claimed they consume dairy products on a weekly basis. 127/393 (32.3%) of respondents claimed they eat veggies on a daily basis. 41/393 (10.4%) of those polled claimed they consume veggies at least once a week. 1/393 (0.5%) of respondents claimed they eat meat on a daily basis. 9/393 (2.3%) of respondents claimed they eat meat on a weekly basis. 43/393 (11.1%) of those surveyed claimed they consume meat twice a week. 50/393 (13.1%) of those polled stated they consume meat once a month. 2/393 (0.5%) of respondents claimed they eat fruits on a daily basis. 7/393 (1.8%) of respondents claimed they consume fruits at least once a week. 35/393 (8.9%) of those polled stated they consume fruits twice a week. 29/393 (7.3%) of those polled stated they consume fruits once a month. 51/393 (13.0%) of those polled stated they ate veggies on a daily basis. 5/393 (1.3%) of respondents claimed they eat veggies every day and fruits every two weeks. 9/393 (2.3%) of respondents said they ate veggies every day and fruits once a month. 5/393 (1.3%) of respondents ate vegetables every day, meat once a week, and fruits twice a

week. 9/393 (2.3%) of respondents said they ate veggies every day and meat every two weeks. 2/393 (0.5%) of respondents ate vegetables every day, meat every two weeks, and fruits every day. 5/393 (1.3%) of respondents indicated they ate vegetables every day, meat every two weeks, and fruits once a week. 10/393 (2.5%) of respondents indicated they ate vegetables every day, meat every two weeks, and fruits every two weeks. 3/393 (0.8%) of respondents indicated they ate vegetables every day, meat every two weeks, and fruits once a month. 33/393 (8.1%) of respondents ate vegetables daily, whereas meat was consumed once a month.

The results show that 5/393 (1.3%) of respondents indicated they ate vegetables every day, meat once a month, and fruits twice a week. 13/393 (3.3%) of respondents said they ate vegetables every day, meat once a month, and fruits once a month. 36/393 (9.2%) of respondents ate vegetables on a weekly basis, meat on a biweekly basis, and fruits on a biweekly basis. 5/393 (1.3%) of those polled said they ate veggies once a week and fruits once a month. 6/393 (1.5%) of respondents said they ate vegetables once a week and meat twice a week. 2/393 (0.5%) of respondents said they ate vegetables once a week, meat once a week, and fruits once a month. 10/393 (2.5%) of respondents said they ate vegetables once a week, meat once a month, and fruits once a month. 9/393 (2.3%) of respondents said they ate vegetables once a week and meat once a month. 30/393 (7.7%) of those polled claimed they consume dairy products on a daily basis, such as milk and eggs. They ate vegetables every day, meat every two weeks, and fruits every two weeks. 2/393 (0.5%) of respondents consume dairy products, vegetables, meat, and fruits on a daily basis. 9/393 (2.3%) of respondents consume dairy products on a daily basis, vegetables on a daily basis, meat once a week, and fruits once a week. 3/393 (0.8%) of respondents consume dairy products on a daily basis, vegetables on a weekly basis, meat on a weekly basis, and fruits once a month. 2/393 (0.5%) of respondents said they ate dairy products every day, vegetables every day, meat once a week, and fruits once a week. 7/393 (1.8%) of respondents said they ate dairy products every day, vegetables every day, meat every two weeks, and fruits once a month. 3/393 (0.8%) of respondents said they consumed dairy items such as milk and eggs on a daily basis, meat once a month, and fruits biweekly. 6/393 (1.5%) of respondents indicated they drink milk every day, eat eggs and vegetables every other day, and consume meat and fruits once a month. 6/393 (1.5%) of respondents consumed dairy products on a daily basis, whereas vegetables were consumed once a week. They also ate meat once a week and fruits twice a week.

3/393 (0.8%) of respondents stated they ate dairy products every day, vegetables once a week, and meat and fruits twice a week. 5/393 (1.3%) of respondents said they ate dairy products once a week, vegetables once a day, and fruits twice a week. 33/393 (4.8%) of respondents said they ate dairy products once a week, vegetables every day, and meat and fruits once a month. 3/393 (0.8%) of respondents said they ate dairy products once a week and veggies every day. 3/393 (0.8%) of respondents said they ate dairy products at least once a week. They ate vegetables every day, meat once a week, and fruits twice a week. 5/393 (1.3%) of respondents stated they ate dairy products once a week, vegetables every day, and meat and fruits twice a week. 5/393 (1.3%) of respondents said they ate dairy products once a week, vegetables every day, meat twice a week, and fruits once a month. 13/393 (3.3%) of respondents said they ate dairy products once a week, veggies every day, and meat every two weeks. 6/393 (1.5%) of respondents indicated they ate veggies once a week and drank dairy products once a week. 3/393 (0.8%) of respondents said they ate dairy and vegetables weekly, while meat and fruits were eaten biweekly. 4/393 (1.0%) of respondents ate dairy products, vegetables, and fruits on a weekly basis, while eating meat on a biweekly basis. 4/393 (1.0%) consumed dairy and

vegetables on a weekly basis, whereas meat was consumed biweekly and fruits once a month. 6/393 (1.6%) of respondents consume dairy and vegetables on a weekly basis, while meat is consumed once a month. 3/393 (0.8%) of respondents said they ate dairy and vegetables once a week, ate meat once a month, and ate fruits twice a month. 11/393 (2.8%) of respondents indicated they ate dairy and vegetables once a week, whereas meat and fruits were eaten once a month. According to the results, 33.3 percent of respondents had a majority. Table-16 shows that the majority of respondents only eat veggies on a daily basis. It's because they can only afford to eat vegetables. They couldn't purchase meat and fruits on a daily basis since they couldn't afford it. They didn't even drink milk or eat eggs on a daily basis. They are unable to purchase and meet the most basic needs of daily existence.

Table-16: Meal type

Type of meals	Frequency	Percent
Dairy products daily	21	5.5
Dairy products weekly	32	8.2
Vegetables daily	127	32.3
Vegetables weekly	41	10.8
Meat daily	1	5
Meat weekly	9	2.3
Meat biweekly	43	11.1
Meat monthly	50	13.0
Fruits daily	2	5
Fruits weekly	7	1.8
Fruits biweekly	35	8.9
Fruits monthly	29	7.3
Total	393	100.0

## 5. Conclusion

Different challenges might arise in various areas of life. Pakistan's health is one of the country's most pressing issues. Pakistan's population have suffered greatly in terms of health. The society to which we belonged was one of corruption and helplessness. The majority of women suffer from malnutrition as a result of society's neglect of them. The society we've been following for decades is strange and unchangeable. So, this is the phenomenon that explains why women are overlooked by society. The globe is moving towards the twenty-first century, but our society is still stuck in its old moral culture and beliefs that haven't evolved with the times. The ladies who were interviewed were primarily illiterate, and they were unaware of society's dos and don'ts. They were never encouraged to be self-sufficient in their lives. They are always reliant on other family members. Poverty isolates a person from the rest of society. Their manner of life is distinct from that of others. It was heart breaking to see how they met their everyday needs. The male-dominated society prevents women from becoming self-sufficient. The people who took part in the survey were of various ages. In which the results reveal that women who do not consume enough nutrients become ill. They are at risk of malnutrition due to an unhygienic environment, insufficient home and food security. One of the major challenges is

maternal care. During their fertile months, the respondents were ignored and discouraged. Early marriages, large families, high reproduction rates with a lack of birth space, low monthly salary, lack of breastfeeding, and physical and verbal abuse of women have all been identified as real predictors in malnourished women. Poverty is the root of all of these problems.

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