

# **Health-seeking behaviour and community perceptions of childhood Malnutrition in Children under five in the Case of Eastern Hararghe: Kersa District**

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## **Abstract**

The magnitude of child malnutrition including severe child malnutrition is especially high in the rural areas of Kersa district and one of the major causes of death among children in the study area (KHDSS, 2016). This study explored health seeking behaviour and community perceptions in addressing malnutrition. Mixed research approaches, including qualitative research tools and cultural domain analysis were used in the study. It identified community perceptions of child malnutrition and factors influencing health-seeking behaviour in addressing malnutrition. It demands for educating the community and other caretakers in the family regarding increased knowledge-based practices, health seeking behaviour improvement and sustained behavioural change in addressing malnutrition.

**Keywords:** *Malnutrition, Health Seeking Behaviour, Attitudes, Resources, Kersa District*

## **Background of the study**

The poor nutritional status of children has been a serious problem in Ethiopia for many years. The health sector has improved its efforts to increase good nutritional practices through health education, treatment of extremely malnourished children, and provision of micronutrients to children at nutrition stabilization centres. The 2016 Ethiopian Demographic and Health Survey (EDHS) reports on a number of key child health indicators, including nutritional status as assessed by anthropometry and indicated a total of 10,752 children under age 5 were eligible for weight and height measurements. The findings shown that 38% of children under 5 are considered short for their age or stunted and 18% are severely stunted. The Kersa Health and Demographic Surveillance System (KHDSS) prospective study was set up in 2010 to examine the prevalence of undernutrition in children aged 6–36 months also showed that during the wet and dry seasons that 7.4% of children under-5 experienced

undernutrition in the wet season and 11.2% experienced undernutrition in the dry season. It was concluded that child malnutrition is one of the major causes of death among children in the study area (KHDSS, 2016).



Fig. 1: Ketema Degefa conducting photo elicitation in Gola, Ethiopia

## Results

### *Community explanations of Malnutrition*

*Fadhido* (children lacking normal growth): Study participants described symptoms of *fadhido* as having a swollen belly, watery diarrhoea, discoloured hair and skin, significant thinness, poor appetite, bigger head, weaken bones, need for heat, and behaviour of eating soil.

*Hudufor* (*Kwashiorkor*): It is characterized by swollen belly and legs. The symptoms also included poor appetite, persistent cry, eating soil, unhappiness, and watery diarrhoea. Causes of *hudufor* are said to be abdominal parasite reproduction.

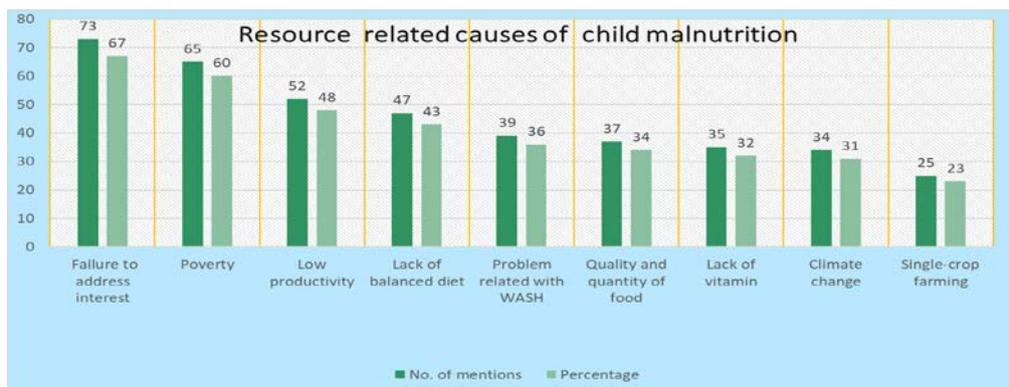
*Waan Shimbirro* (*Bat*): *Waan Shimbirro* is said to be happen if a bird flies over a baby and the mother does not prepare the correct medicine of X, y, z. This is believed to cause poor appetite, bodily swelling, and a yellowish eye colour.

*Waan Ijoolle* (lit. childhood behaviour): A baby is sick with *waan ijoolle* when they are thin, vomiting and having watery diarrhoea. This is considered normal in the stages of child developmental, but respondents said it is only perceived as a problem if the symptoms are prolonged.

*Chuma re'e* (lit. fresh stomach of the goat): if the child is considered thin then the family will slaughter a goat and put the fresh goat stomach over the abdomen of the child to do what?

### Data Analysis of Free-Listing and Rank Order (n=108)

Free listing was used to rapidly assess the participants' levels of knowledge regarding causes and symptoms of malnutrition. The results are summarised below:



**Fig. 2** Response to causes of malnutrition: Resource related causes

**Source:** Study result: 2019

## Discussion

Quantitative data shows that most respondents identified the causes and symptoms of malnutrition using physical symptoms and observable signs such as skinny appearance, excessive crying, inability to breastfeed, and associated illnesses. There were major gaps in treatment options and participants described multiple pathways for seeking care with no one path emerging as the most frequent; some participants thought the health facility was the most reliable place to obtain treatment while others said traditional healers produced better results. Social, cultural, economic and logistics are the factors influencing health-seeking behaviour.

## Conclusion

The study informed us to frame local understanding of malnutrition and perceptions associated with treatment preference. Overall, one-sided biomedical intervention cannot adequately address the problem of malnutrition unless community's beliefs and understandings are considered.

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