

# Home environment is a significant factor in how children recover from severe acute malnutrition in Sub-Saharan Africa

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Three reports emerging from Queen Mary University of London have provided valuable insight into the management of severe acute malnutrition (SAM)—the most life-threatening form of malnutrition in children.

Researchers found that the home environment influences how well [children](#) recover from severe acute malnutrition since they are usually discharged back to the same home environments that contribute to ill health in the first place.

The study builds on previous research in Zimbabwe and has expanded focus to include areas in Lusaka, Zambia, and Migori and Homa Bay Counties, Kenya to see whether researchers can draw parallels between these settings. Indeed, similar themes emerged from qualitative analysis across the board.

The research backed by the National Institute for Health and Care Research (NIHR) found that conducive home and caring environments are vital for children to survive and thrive, given that children often leave the hospital before multiple body systems fully recover and are usually discharged back to the same home environment.

The study also pointed to how complex cases of malnutrition are since this is a condition that can be attributed to broader socioeconomic factors, significantly entrenched poverty, as well as individual behaviors of caregivers. Interventions for entire communities through education and training, the creation of support networks, and opportunities for income-generating activities should also be considered alongside acute medical treatment.

Isabella Cordani, Project Co-ordinator at the Centre for Genomics and Child Health and the Project Coordinator at the Blizard Institute at Queen Mary, said, "Whilst there are comprehensive WHO guidelines on the management of SAM in children, the focus is antibiotics, therapeutic feeding and fluid management. This medical focus fails to appreciate the multiple social and environmental factors of ill health. Significantly, caregivers may be unable to follow the [medical advice](#) they have been given whilst they are contending with significant challenges in other

areas of life."

Professor Tim Brown, Professor of Global Health Geography at Queen Mary, said, "What was surprising about the results were the similarities across the three countries studied. For example, in all three countries mothers tended to delay seeking health care at clinics for their malnourished child. They most often sought advice from traditional healers or faith leaders before going to the clinic; sometimes this resulted in life-threatening delays.

"Another example of the similarities across the countries is the experience of [social stigma](#) and shame. Many mothers reported experiencing different forms of stigma —being laughed at and gossiped about—because their child was malnourished. Additionally, there was some shared experience of being blamed for their child's malnutrition while in hospital. Social stigma and shame resulted in some mothers or other primary caregivers attempting to conceal their child's condition, to refuse treatments associated with [malnutrition](#) or to delay taking their children to a clinic. This was especially the case for younger mothers."

Provided by Queen Mary, University of London

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