

# World Journal of Advanced Science and Technology

Journal homepage: https://zealjournals.com/wjast/

ISSN: 2945-3178 (Online)

(REVIEW ARTICLE)



# Integrating community-based interventions to enhance pediatric nutrition and health outcomes in underserved areas

Nkoyo Lynn Majebi $^{1,*},$  Omotoke Modinat Drakeford $^2,$  Mojeed Omotayo Adelodun $^3$  and Evangel Chinyere Anyanwu  $^4$ 

- <sup>1</sup> Independent Researcher, UK.
- <sup>2</sup> Eden II programs, Staten Island, NY.
- <sup>3</sup> Al Rass General Hospital, Al Rass, Al Qassim Province, Kingdom of Saudi Arabia.
- <sup>4</sup> Independent Researcher, Nebraska, USA.

World Journal of Advanced Science and Technology, 2022, 01(02), 033-040

Publication history: Received on 04 April 2022; revised on 15 May 2022; accepted on 19 May 2022

Article DOI: https://doi.org/10.53346/wjast.2022.1.2.0029

# **Abstract**

Underserved communities face significant challenges in pediatric nutrition and health, exacerbated by socio-economic disparities, limited access to healthcare, and inadequate health education. This paper examines the critical role of community-based interventions in addressing these challenges, highlighting their impact on reducing malnutrition, improving health literacy, and enhancing overall pediatric health outcomes. A contextual analysis underscores the influence of social, economic, and environmental factors on pediatric health disparities, while a review of existing frameworks demonstrates the potential of localized, culturally relevant strategies. The paper outlines effective community-driven approaches, including education programs, resource accessibility, and stakeholder engagement, while addressing the barriers to their implementation. Evidence of measurable outcomes, such as improved growth metrics and reduced disease prevalence, is presented to emphasize the transformative potential of these interventions. Long-term benefits, including strengthened healthcare systems and community resilience, underscore the importance of sustained investment in grassroots efforts. The paper concludes with actionable recommendations for policy-makers, healthcare providers, and community leaders to optimize the design and delivery of community-based programs, fostering equitable pediatric health outcomes in underserved areas.

**Keywords:** Pediatric nutrition; Health disparities; Community-based interventions; Underserved areas; Health literacy; Sustainable healthcare systems

# 1 Introduction

# 1.1 Overview of Pediatric Nutrition and Health Challenges in Underserved Areas

Pediatric nutrition and health are critical determinants of a child's overall development, shaping their physical growth, cognitive abilities, and resilience to illnesses. However, in underserved areas, these foundational elements are often jeopardized due to a confluence of systemic issues (Sciences et al., 2019). Malnutrition, characterized by undernutrition and deficiencies in essential vitamins and minerals, remains pervasive in such communities. According to global health reports, malnourished children are more susceptible to infections, chronic diseases, and impaired growth, perpetuating cycles of poverty and poor health (Hargreaves et al., 2022).

<sup>\*</sup> Corresponding author: Nkoyo Lynn Majebi.

Underserved areas, often marked by poverty, limited access to healthcare, and inadequate educational resources, present a challenging environment for addressing pediatric nutritional needs. Food insecurity is prevalent, leaving families with limited access to nutritious food. Additionally, healthcare facilities are either insufficient or too far removed from the community, leading to delays in diagnosing and treating conditions like anemia or stunted growth (Obradović et al., 2019). Moreover, cultural misconceptions and a lack of health education further compound these issues, as parents may not fully understand the nutritional needs of their children or the long-term impacts of poor dietary practices (Hagemann, Silva, Davis, Gibson, & Prescott, 2021).

# 1.2 Importance of Community-Based Interventions in Addressing These Challenges

Community-based interventions have emerged as a vital strategy for combating pediatric nutrition and health challenges in underserved areas. Unlike top-down approaches, these interventions actively involve local communities in identifying problems and developing tailored solutions. Such programs address immediate nutritional deficiencies and tackle the root causes of poor health outcomes by considering the socio-economic and cultural contexts of the community (Chan, 2018).

One of the key strengths of community-based interventions lies in their adaptability and inclusiveness. For example, grassroots programs that teach mothers and caregivers about the benefits of breastfeeding or balanced diets have significantly improved childhood nutrition (Rouhani, 2021). Community health workers, who are often members of the local population, serve as trusted liaisons between healthcare systems and residents, ensuring that information and resources reach those who need them most. These interventions also create opportunities for partnerships with local organizations, enabling a more comprehensive approach that integrates education, healthcare, and economic support (Allen, Haley, Aarons, & Lawrence, 2021).

The holistic nature of community-based approaches extends beyond nutritional education. Programs often incorporate vaccination drives, hygiene education, and access to clean water, thereby simultaneously addressing multiple determinants of pediatric health. Furthermore, such interventions are cost-effective, leveraging local resources and minimizing the need for extensive external infrastructure. By empowering communities to take ownership of their health outcomes, these initiatives pave the way for sustainable improvements that extend far beyond the immediate program period (Lohr, Ingram, Nuñez, Reinschmidt, & Carvajal, 2018).

# 1.3 Objectives and Scope of the Paper

The primary objective of this paper is to explore the potential of community-based interventions in enhancing pediatric nutrition and health outcomes in underserved areas. By synthesizing existing evidence, the paper aims to provide a clear understanding of the challenges faced by these communities and how community-driven approaches can address them effectively.

The scope of this discussion encompasses an analysis of the socio-economic and cultural barriers to pediatric nutrition in underserved areas, as well as the strategies and best practices employed by successful community-based programs. It will delve into the long-term impacts of these interventions, examining how they contribute to improved health outcomes and empower communities to sustain progress. Additionally, the paper will offer actionable recommendations for policy-makers, healthcare providers, and local leaders to design and implement impactful programs tailored to their unique contexts.

This exploration is especially timely given the global push toward achieving the United Nations Sustainable Development Goals (SDGs), particularly those related to health, nutrition, and poverty reduction. Enhancing pediatric nutrition in underserved areas is a critical step toward fulfilling these goals, ensuring that all children, regardless of their socio-economic status, have the opportunity to thrive. By focusing on community-based interventions, this paper aims to highlight a practical, inclusive pathway for bridging the gaps in pediatric healthcare and addressing one of our time's most pressing public health challenges.

# 2 Contextual Background

# 2.1 Analysis of Nutritional and Health Disparities Among Children in Underserved Areas

Nutritional and health disparities among children in underserved areas are persistent challenges with far-reaching consequences. These disparities often manifest as malnutrition, stunted growth, underweight conditions, and micronutrient deficiencies, all of which undermine a child's ability to grow and thrive (Mandela, 2020). According to the World Health Organization (WHO), over 45 million children globally suffer from wasting, while an additional 149

million are stunted, with a disproportionate burden concentrated in low-income and underserved communities (Piperata & Dufour, 2021).

Underserved areas are characterized by limited access to essential services, including healthcare, education, and nutritious food. These regions often lack adequate infrastructure, resulting in poor sanitation and unsafe water supplies, further exacerbating health risks. Children in these areas are more vulnerable to preventable diseases such as diarrhea and respiratory infections, which are closely linked to malnutrition. Additionally, limited availability of immunizations and healthcare services increases mortality rates among children under five (Andrés, Joseph, & Rana, 2021).

Educational gaps also play a critical role in perpetuating health disparities. In many underserved areas, caregivers often lack knowledge about proper nutrition, feeding practices, and the importance of hygiene, which are essential for a child's health. This knowledge gap is compounded by systemic issues such as poverty and unemployment, which limit families' ability to afford nutritious food or access healthcare. Consequently, children in underserved areas face a cycle of poor health and limited opportunities for development, which can have lifelong implications for their physical and cognitive abilities (Shrestha, Kunwar, & Meierhofer, 2022).

#### 2.2 Role of Social, Economic, and Environmental Factors in Shaping Pediatric Health Outcomes

A complex interplay of social, economic, and environmental factors influences pediatric health outcomes. These factors often intersect in underserved areas, creating a web of challenges that hinder children's access to adequate nutrition and healthcare.

Social Factors: Cultural beliefs and practices significantly impact health outcomes. In some communities, traditional feeding practices may prioritize adults over children or limit the diversity of a child's diet, leading to deficiencies in essential nutrients. Gender disparities also play a role, as girls in certain cultures may receive less food or healthcare compared to boys. Furthermore, the lack of education among caregivers contributes to a poor understanding of child health and nutrition, perpetuating cycles of malnutrition and disease (Chakona, 2020).

Economic Factors: Poverty remains the most significant barrier to improved pediatric health outcomes. Families in underserved areas often have limited income, forcing them to prioritize immediate needs over long-term investments in nutrition and healthcare. Food insecurity, driven by unemployment and economic instability, leads to reliance on cheap, low-nutrient foods that fail to meet the dietary needs of growing children. Moreover, healthcare costs, including transportation to clinics and out-of-pocket expenses for treatment, are prohibitive for many families, delaying or preventing access to essential services (Beck et al., 2018).

Environmental Factors: Environmental conditions in underserved areas also play a pivotal role in shaping pediatric health outcomes. Poor sanitation, contaminated water sources, and inadequate waste management expose children to infections that exacerbate malnutrition and stunted growth. Climate change and natural disasters further threaten food security, as agricultural disruptions can lead to higher food prices and scarcity. In addition, urban slums and rural communities often lack safe spaces for children to play, contributing to sedentary lifestyles and associated health risks (Anthoni, Setty, Ezbakhe, Manga, & Hoeser, 2020).

# 2.3 Review of Existing Frameworks and Strategies for Community-Based Health Interventions

Various frameworks and strategies for community-based health interventions have been developed and implemented to address the challenges faced by children in underserved areas. These initiatives focus on leveraging local resources, engaging communities, and addressing the root causes of health disparities to achieve sustainable outcomes. One widely recognized framework is the Integrated Management of Childhood Illness (IMCI), developed by the WHO and UNICEF. IMCI emphasizes improving case management skills among healthcare providers, strengthening health systems, and promoting community practices that enhance child health and nutrition. Through its holistic approach, IMCI addresses multiple determinants of health, including nutrition, immunization, and hygiene, making it particularly effective in underserved areas (Anthonj et al., 2020).

Another prominent strategy is the deployment of community health workers (CHWs), who act as intermediaries between formal healthcare systems and local populations. CHWs are often members of the communities they serve, enabling them to build trust and effectively communicate health information. They conduct home visits, provide nutrition education, and monitor child growth, ensuring that even the most vulnerable families receive support (LeBan, Kok, & Perry, 2021).

Supplementary feeding programs are another critical intervention, providing nutrient-rich food to malnourished children. These programs are often integrated with broader initiatives, such as health screenings and vaccinations, to address multiple aspects of pediatric health. Additionally, school-based programs that offer meals and nutrition education have proven effective in improving children's health and educational outcomes.

Culturally sensitive approaches are also central to the success of community-based interventions. Programs that engage local leaders, incorporate traditional knowledge, and respect cultural practices are more likely to gain acceptance and achieve sustained impact. For example, initiatives that train community members to prepare affordable, nutritious meals using locally available ingredients have shown significant promise in improving dietary diversity and reducing malnutrition. Despite their success, these frameworks face challenges, including limited funding, inadequate training for health workers, and difficulty scaling programs to reach larger populations. Addressing these barriers requires stronger partnerships between governments, non-governmental organizations (NGOs), and community stakeholders to ensure that interventions are both impactful and sustainable (Boadu, Ile, & Oduro, 2021).

# 3 Strategies for Community-Based Interventions

### 3.1 Effective Community-Driven Approaches for Improving Pediatric Nutrition and Health

Community-driven approaches are central to addressing pediatric nutrition and health challenges in underserved areas. These strategies prioritize inclusivity and engagement, empowering local populations to actively design and implement health interventions that cater to their specific needs.

One of the most effective approaches involves educational initiatives that target caregivers, particularly mothers, as they are often the primary providers of nutrition and care for children. Programs that educate caregivers about the importance of balanced diets, breastfeeding, and proper hygiene practices can significantly improve health outcomes. For instance, nutrition counseling sessions can help families understand the value of locally available foods and how to prepare meals that meet the dietary requirements of children (Britto, Singh, Dua, Kaur, & Yousafzai, 2018).

Access to resources is another critical component of community-driven interventions. In many underserved areas, limited availability of nutritious food, clean water, and healthcare services is a significant barrier to improved health. Community initiatives establishing local food banks, providing access to fortified foods, or creating community gardens have proven effective in combating malnutrition. Similarly, mobile health clinics and telemedicine programs help bridge gaps in healthcare access, bringing essential services directly to underserved populations (Miller, Miller, & Clark, 2018).

Partnerships between communities and external organizations are also instrumental in the success of community-driven approaches. Collaborations with non-governmental organizations (NGOs), healthcare providers, and government agencies can enhance resource availability and provide technical expertise. For example, vaccination drives or health camps organized in partnership with public health agencies can address critical healthcare needs while fostering community trust and participation (Matwiejczyk, Mehta, Scott, Tonkin, & Coveney, 2018).

# 3.2 Incorporation of Culturally Appropriate Practices and Local Stakeholder Engagement

The integration of culturally appropriate practices is vital for the success and sustainability of community-based interventions. Programs that align with local traditions, beliefs, and practices are more likely to gain acceptance and achieve long-term impact. For instance, in regions where traditional medicine is prevalent, incorporating elements of these practices into health initiatives can encourage broader participation. Similarly, involving local leaders, elders, and traditional healers in program design and implementation can help build trust and credibility within the community (Adam et al., 2020).

Local stakeholder engagement is equally important, as it ensures that interventions address the specific needs and priorities of the population. Stakeholders, including parents, teachers, healthcare workers, and community leaders, bring valuable insights into the challenges faced by the community and can contribute to the development of tailored solutions. For example, involving parents in school-based nutrition programs allows for the inclusion of locally available ingredients, making the program more practical and sustainable (Hoover, Heiger-Bernays, Ojha, & Pennell, 2021).

Training and employing community members as health workers or program facilitators is another effective strategy for fostering local engagement. These individuals serve as advocates for health and nutrition and act as a bridge between external organizations and the community. Programs can achieve greater reach and sustainability by empowering community members to take ownership of interventions.

### 3.3 Challenges and Barriers to Implementing These Interventions

Despite their potential, community-based interventions face several challenges and barriers that can hinder their implementation and effectiveness. One significant obstacle is the lack of financial resources, which affects the ability to sustain programs over time. Limited funding often restricts the scope of interventions, making it difficult to reach all affected children or provide comprehensive support.

Inadequate infrastructure is another common challenge, particularly in rural and remote areas where roads, healthcare facilities, and communication networks are underdeveloped. This can make it difficult to deliver resources, monitor progress, and maintain regular engagement with the community (Kaiser & Barstow, 2022).

Cultural and social barriers also play a role in impeding the success of interventions. Resistance to change can slow adoption rates, especially when programs challenge deeply ingrained beliefs or practices. For example, promoting exclusive breastfeeding may face resistance in communities where formula feeding is perceived as a status symbol or where mothers need to work long hours outside the home (Horton, Illingworth, & Warburton, 2018).

The shortage of trained personnel further complicates the implementation of community-based interventions. Many programs rely on volunteers or minimally trained workers, which can affect the quality of services provided. Additionally, high turnover rates among community health workers can disrupt program continuity and erode trust among beneficiaries. Another critical barrier is the lack of coordination among stakeholders, which can lead to fragmented efforts and duplication of resources. Without clear communication and collaboration between governments, NGOs, and community groups, programs may fail to address the most pressing needs or achieve long-term impact (Auschra, 2018).

Community-based interventions must prioritize sustainability, scalability, and inclusivity to overcome these challenges. This involves securing stable funding through partnerships with government agencies, philanthropic organizations, and private sector stakeholders. Investments in infrastructure, such as mobile health units and telecommunication systems, can also help extend the reach of interventions to the most remote areas. Addressing cultural barriers requires a respectful and participatory approach that includes extensive community consultations and the incorporation of local traditions into program design. Similarly, investing in the training and retention of community health workers can enhance the quality and consistency of services provided. Finally, fostering collaboration among stakeholders through transparent communication and shared goals can ensure that resources are used efficiently and effectively (Kirkby, Williams, & Huq, 2018).

# 4 Impact and Benefits of Community-Based Interventions

# 4.1 Potential Outcomes of Integrating Community-Based Programs

Community-based interventions can potentially transform pediatric nutrition and health outcomes in underserved areas, addressing deep-rooted disparities and empowering communities to achieve better health. One of the most significant outcomes of these programs is the reduction of malnutrition, including stunting, wasting, and underweight conditions among children. By providing education on balanced diets, breastfeeding, and proper feeding practices, these interventions help caregivers make informed decisions, ensuring that children receive the nutrients essential for growth and development (Brewer et al., 2020).

Another notable outcome is the improvement in health literacy among caregivers and communities. Community-based programs often incorporate training sessions, workshops, and informational campaigns designed to increase awareness about common pediatric health issues and their prevention. For instance, caregivers educated about the importance of vaccinations, sanitation, and timely healthcare interventions are better equipped to safeguard their children's health.

Such programs also foster a stronger sense of community engagement, where individuals collectively work toward shared goals of improving health outcomes. Through collaborative efforts, communities become more resilient, capable of addressing local challenges, and less reliant on external assistance (Budig et al., 2018).

#### 4.2 Long-Term Benefits for Communities and Healthcare Systems

The long-term benefits of community-based interventions extend far beyond immediate health improvements, contributing to communities' overall well-being and healthcare systems' sustainability. At the community level, these programs empower individuals to take control of their health, fostering a culture of prevention and proactive care. Over time, this reduces dependency on external aid and builds local capacity to address emerging health challenges.

For children, the benefits of improved nutrition and health are lifelong. Adequate nutrition during the critical early years of life supports cognitive development, enabling children to achieve their full potential in education and later in the workforce. This, in turn, contributes to the community's economic growth, as healthier and better-educated individuals are more productive and capable of breaking the cycle of poverty (Black, Trude, & Lutter, 2020).

From a healthcare system perspective, community-based interventions reduce the burden on healthcare facilities by minimizing preventable illnesses and hospitalizations. For example, addressing malnutrition and promoting hygiene at the community level can significantly lower the incidence of diseases that would otherwise require costly medical treatments. This not only eases the strain on limited healthcare resources but also allows healthcare providers to focus on more complex and urgent cases (Haque et al., 2020).

Additionally, these interventions serve as a foundation for strengthening the health system by integrating local communities into the broader healthcare framework. The use of community health workers, for instance, complements formal healthcare systems by extending their reach into underserved areas. Over time, this integration improves the efficiency and effectiveness of healthcare delivery, ensuring that even the most marginalized populations have access to essential services.

Another long-term benefit is the resilience to future health crises. Communities with strong health and nutrition programs are better equipped to respond to emergencies like disease outbreaks or natural disasters. For instance, during the COVID-19 pandemic, communities with existing health worker networks and robust communication channels were able to disseminate information, implement preventive measures, and maintain access to essential services more effectively than those without such systems (Hanefeld et al., 2018).

#### 5 Conclusion

Community-based interventions are crucial in addressing the significant challenges of pediatric nutrition and health in underserved areas. These regions often grapple with malnutrition, inadequate access to healthcare, and low levels of health literacy, particularly among caregivers. Socio-economic and environmental factors further exacerbate these challenges, creating barriers to achieving optimal health outcomes for children. However, the integration of community-based strategies has shown promise in mitigating these disparities, emphasizing the importance of localized and inclusive approaches. By leveraging local resources and incorporating culturally relevant practices, such interventions have successfully reduced malnutrition and disease prevalence while empowering caregivers with knowledge and tools for preventive healthcare.

The measurable outcomes of these programs illustrate their transformative potential. Communities that have implemented such interventions have reported improved growth rates among children, reduced incidences of disease, and increased school attendance. Beyond immediate health benefits, the long-term advantages are even more compelling. Strengthened healthcare systems, enhanced community resilience, and economic growth through healthier and more productive populations underscore the far-reaching impact of these efforts. Nevertheless, financial constraints, inadequate infrastructure, and resistance to change continue to hinder their full implementation and scalability. Addressing these barriers is essential for sustaining the progress achieved thus far.

To optimize the effectiveness of community-based interventions, targeted actions by key stakeholders are imperative. Policy-makers must invest in healthcare infrastructure, introduce supportive policies that prioritize maternal and child health, and facilitate partnerships between public, private, and local entities. Healthcare providers should focus on preventive care, strengthen networks of community health workers, and utilize technology to improve outreach and education efforts. On the other hand, community leaders play a critical role in fostering trust, promoting health literacy, and advocating for sustainable practices. Their active involvement ensures that interventions align with local needs and values, enhancing acceptance and participation.

# Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

# References

- [1] Adam, M. B., Minyenya-Njuguna, J., Karuri Kamiru, W., Mbugua, S., Makobu, N. W., & Donelson, A. J. (2020). Implementation research and human-centred design: how theory driven human-centred design can sustain trust in complex health systems, support measurement and drive sustained community health volunteer engagement. *Health policy and planning, 35* (Supplement\_2), ii150-ii162.
- [2] Allen, E. H., Haley, J. M., Aarons, J., & Lawrence, D. (2021). Leveraging community expertise to advance health equity. *Washington, DC: Urban Institute*.
- [3] Andrés, L., Joseph, G., & Rana, S. (2021). The economic and health impacts of inadequate sanitation. In *Oxford research encyclopedia of environmental science*.
- [4] Anthonj, C., Setty, K. E., Ezbakhe, F., Manga, M., & Hoeser, C. (2020). A systematic review of water, sanitation and hygiene among Roma communities in Europe: Situation analysis, cultural context, and obstacles to improvement. *International Journal of Hygiene and Environmental Health*, 226, 113506.
- [5] Auschra, C. (2018). Barriers to the integration of care in inter-organisational settings: a literature review. *International journal of integrated care, 18*(1).
- [6] Beck, A. F., Cohen, A. J., Colvin, J. D., Fichtenberg, C. M., Fleegler, E. W., Garg, A., . . . Schickedanz, A. (2018). Perspectives from the Society for Pediatric Research: interventions targeting social needs in pediatric clinical care. *Pediatric research*, 84(1), 10-21.
- [7] Black, M. M., Trude, A. C., & Lutter, C. K. (2020). All children thrive: integration of nutrition and early childhood development. *Annual Review of Nutrition*, 40(1), 375-406.
- [8] Boadu, E. S., Ile, I., & Oduro, M. Y. (2021). Indigenizing participation for sustainable community-based development programmes in Ghana. *Journal of Asian and African Studies*, *56*(7), 1658-1677.
- [9] Brewer, L. C., Fortuna, K. L., Jones, C., Walker, R., Hayes, S. N., Patten, C. A., & Cooper, L. A. (2020). Back to the future: achieving health equity through health informatics and digital health. *JMIR mHealth and uHealth, 8*(1), e14512.
- [10] Britto, P. R., Singh, M., Dua, T., Kaur, R., & Yousafzai, A. K. (2018). What implementation evidence matters: scaling-up nurturing interventions that promote early childhood development. *Annals of the New York Academy of Sciences*, 1419(1), 5-16.
- [11] Budig, K., Diez, J., Conde, P., Sastre, M., Hernán, M., & Franco, M. (2018). Photovoice and empowerment: evaluating the transformative potential of a participatory action research project. *BMC Public Health*, 18, 1-9.
- [12] Chakona, G. (2020). Social circumstances and cultural beliefs influence maternal nutrition, breastfeeding and child feeding practices in South Africa. *Nutrition Journal*, 19, 1-15.
- [13] Chan, E. Y. Y. (2018). Building bottom-up health and disaster risk reduction programmes: Oxford University Press.
- [14] Hagemann, E., Silva, D. T., Davis, J. A., Gibson, L. Y., & Prescott, S. L. (2021). Developmental Origins of Health and Disease (DOHaD): The importance of life-course and transgenerational approaches. *Paediatric Respiratory Reviews*, 40, 3-9.
- [15] Hanefeld, J., Mayhew, S., Legido-Quigley, H., Martineau, F., Karanikolos, M., Blanchet, K., . . . Balabanova, D. (2018). Towards an understanding of resilience: responding to health systems shocks. *Health policy and planning, 33*(3), 355-367.
- [16] Haque, M., Islam, T., Rahman, N. A. A., McKimm, J., Abdullah, A., & Dhingra, S. (2020). Strengthening primary health-care services to help prevent and control long-term (chronic) non-communicable diseases in low-and middle-income countries. *Risk management and healthcare policy*, 409-426.
- [17] Hargreaves, D., Mates, E., Menon, P., Alderman, H., Devakumar, D., Fawzi, W., . . . Lahiri, A. (2022). Strategies and interventions for healthy adolescent growth, nutrition, and development. *The Lancet*, *399*(10320), 198-210.
- [18] Hoover, A. G., Heiger-Bernays, W., Ojha, S., & Pennell, K. G. (2021). Balancing incomplete COVID-19 evidence and local priorities: risk communication and stakeholder engagement strategies for school re-opening. *Reviews on environmental health*, *36*(1), 27-37.
- [19] Horton, T., Illingworth, J., & Warburton, W. (2018). The spread challenge. UK: Health Foundation.

- [20] Kaiser, N., & Barstow, C. K. (2022). Rural transportation infrastructure in low-and middle-income countries: a review of impacts, implications, and interventions. *Sustainability*, *14*(4), 2149.
- [21] Kirkby, P., Williams, C., & Huq, S. (2018). Community-based adaptation (CBA): adding conceptual clarity to the approach, and establishing its principles and challenges. *Climate and Development, 10*(7), 577-589.
- [22] LeBan, K., Kok, M., & Perry, H. B. (2021). Community health workers at the dawn of a new era: 9. CHWs' relationships with the health system and communities. *Health Research Policy and Systems*, 19, 1-19.
- [23] Lohr, A. M., Ingram, M., Nuñez, A. V., Reinschmidt, K. M., & Carvajal, S. C. (2018). Community–clinical linkages with community health workers in the United States: a scoping review. *Health promotion practice*, *19*(3), 349-360.
- [24] Mandela, N. (2020). The slow violence of malnutrition. South African Child Gauge 2020, 24.
- [25] Matwiejczyk, L., Mehta, K., Scott, J., Tonkin, E., & Coveney, J. (2018). Characteristics of effective interventions promoting healthy eating for pre-schoolers in childcare settings: an umbrella review. *Nutrients*, *10*(3), 293.
- [26] Miller, A. L., Miller, S. E., & Clark, K. M. (2018). Child, caregiver, family, and social-contextual factors to consider when implementing parent-focused child feeding interventions. *Current nutrition reports*, *7*, 303-309.
- [27] Obradović, J., Finch, J. E., Portilla, X. A., Rasheed, M. A., Tirado-Strayer, N., & Yousafzai, A. K. (2019). Early executive functioning in a global context: Developmental continuity and family protective factors. *Developmental science*, 22(5), e12795.
- [28] Piperata, B. A., & Dufour, D. L. (2021). Food insecurity, nutritional inequality, and maternal–child health: A role for biocultural scholarship in filling knowledge gaps. *Annual Review of Anthropology*, *50*(1), 75-92.
- [29] Rouhani, L. (2021). Promoting women's empowerment through grassroots solidarity: A case Study of Mothers' Associations in Benin. Université d'Ottawa/University of Ottawa,
- [30] Sciences, N. A. o., Children, B. o., Youth, Mental, C. o. F. H., Children, B. D. A., & Youth. (2019). Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda.
- [31] Shrestha, A., Kunwar, B. M., & Meierhofer, R. (2022). Water, sanitation, hygiene practices, health and nutritional status among children before and during the COVID-19 pandemic: longitudinal evidence from remote areas of Dailekh and Achham districts in Nepal. *BMC Public Health*, 22(1), 2035.