

## **Community conception of malnutrition and medical treatment in rural areas: an alternative perception of the causes of prevalence of malnutrition in mozambique as a principle and basis for its containment**

### **Concepción comunitaria sobre la desnutrición y tratamiento médico en zonas rurales: una percepción alternativa de las causas de prevalencia de la desnutrición en mozambique como principio y base para su contención**

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#### **ABSTRACT**

**Keywords:**

Malnutrition, Food Security, medical treatments in rural areas.

Malnutrition is the most significant health challenge in Mozambique, affecting over 43% of children, especially in rural areas, despite interventions since 2006. While malnutrition is typically seen as a result of food insecurity, this study reveals that community understanding, perception, prevention, and treatment practices are crucial for effective intervention. Using a qualitative and descriptive approach, the research was conducted in Angónia district, Tete province, with 78 families randomly selected from three localities with the highest malnutrition rates. Structured interviews in Portuguese and the local language targeted individuals aged 13–50 with children under five. Results show that 88.83% of respondents confuse malnutrition with hunger and have not adopted preventive measures, and 59.29% prefer traditional treatments over medical care. Despite 89.35% reporting three daily meals, 23% of children exhibited developmental deficits typical of malnutrition, often without medical follow-up. The findings highlight the persistence of traditional beliefs, distrust in hospital services, and low adherence to medical recommendations, compounded by low education levels and reliance on subsistence farming. These sociocultural barriers, including myths, localism, and resistance to modernization, hinder the effectiveness of public health strategies. Thus, addressing malnutrition in Mozambique requires not only improving food security but also fostering culturally sensitive health education, strengthening community trust in health services, and integrating local beliefs into intervention programs to achieve sustainable progress in combating malnutrition

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#### **RESUMEN**

**Palabras clave:**  
Desnutrición, seguridad alimentaria, tratamientos médicos en zonas rurales.

La desnutrición es el principal desafío de salud en Mozambique, afectando a más del 43% de los niños, especialmente en zonas rurales, a pesar de las intervenciones desde 2006. Aunque la desnutrición suele asociarse a la inseguridad alimentaria, este estudio revela que la comprensión, percepción, prevención y prácticas de tratamiento en la comunidad son cruciales para una intervención eficaz. Utilizando un enfoque cualitativo y descriptivo, la investigación se realizó en el distrito de Angónia, provincia de Tete, con 78 familias seleccionadas al azar de tres localidades

con las tasas más altas de desnutrición. Se aplicaron entrevistas estructuradas en portugués y lengua local a personas de 13 a 50 años con hijos menores de cinco años. Los resultados muestran que el 88,83% de los encuestados confunde la desnutrición con el hambre y no ha adoptado medidas preventivas, y el 59,29% prefiere tratamientos tradicionales sobre la atención médica. Aunque el 89,35% reporta consumir tres comidas diarias, el 23% de los niños presenta déficits de desarrollo típicos de desnutrición, muchas veces sin seguimiento médico. Los hallazgos resaltan la persistencia de creencias tradicionales, la desconfianza en los servicios hospitalarios y la baja adherencia a recomendaciones médicas, agravadas por bajos niveles educativos y dependencia de la agricultura de subsistencia. Estas barreras socioculturales dificultan la efectividad de las estrategias de salud pública. Así, abordar la desnutrición en Mozambique requiere no solo mejorar la seguridad alimentaria, sino también fortalecer la educación en salud, la confianza comunitaria en los servicios de salud e integrar las creencias locales en los programas de intervención para lograr avances sostenibles.

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## **Introduction**

Malnutrition is recognized as an indicator of the quality of an individual's dietary processes, manifesting a lack of nutrients in the body due to food insecurity. In addition to the high cost of clinical treatment for the country, the high incidence of malnutrition jeopardizes the achievement of many of our country's international development commitments. The main types of malnutrition are chronic malnutrition, defined as low height for age, which differs from acute malnutrition, defined as low weight for height. This type of malnutrition can appear at any time of life and can be recovered from (1).

Mozambique is one of the countries located in southern Africa Australia in the SADC region, bathed by the Indian Ocean, one of the granaries of the agricultural surplus of Africa Australia, in recent days has been suffering from drought, political conflicts, terrorism, hunger, market inflation and unemployment. The situation of malnutrition in Mozambique, especially in Cabo Delgado, Nampula, Zambezia and Tete provinces is a reality that no one can deny, especially in rural areas.

In Mozambique, at least 44% of children suffer from chronic malnutrition, one in two children under the age of 5 fails to reach their physical, mental and cognitive growth potential (1) and 74.7% suffer from acute malnutrition. Tete province has an average of 43% chronic malnutrition in children under 5 (2, 3).

Despite various interventions against malnutrition in Tete province and in Mozambique in general, malnutrition levels are still high at 43 to 47% seventeen years into the fight against malnutrition (4). One of the biggest in Tete province, particularly in Angónia district, are the various actions and projects linked to agriculture, nutrition, support for the vulnerable, and a redoubling of government's efforts to put health services into practice closer to families, Apart from malnutrition, there are more cases of people living with HIV-AIDS, especially in rural communities where access to medical care has been precarious and historical, with a lack of medicines, catastrophic medical care and the influence of myths and fables linked to tradition.

"Malnutrition is responsible for approximately 55% of deaths worldwide, due to the high risk of death, children with malnutrition must be properly diagnosed and need good family and hospital follow-up. Success requires that various factors such as ideology, culture, schooling, food insecurity and poverty, among other associated problems, are carefully identified, prevented and resolved in the best possible way" (5).

The study of target group, different factors, strategies and policies directly linked to a disease are of the utmost importance in any activity developed to ascertain the real causes, consequences or impact caused on society. Through the results found, it is possible to design other methodologies to better achieve the objectives set. If the possible factors are not identified and the target group is better understood, for example, in the case of malnutrition, it is likely that the child will undergo clinical treatment and return home, and the disease will develop again and consequently affect other children, even if there has been community awareness of the disease. Several authors point to poverty, food insecurity, hunger, lack of schooling and access to hospital services as determinants of malnutrition.

In this research, in a qualitative analysis, the sociocultural influence is determined as being one of the main factors in the prevalence of any disease, which can be more fatal to the extent that tradition, for example, is privileged over modernization by the community, and the conception of phenomena is insignificant, impacting on dyslexia due to the lack of understanding and misinterpretation of facts as time changes. "The prevention and control of malnutrition depends on broader and more efficient measures to combat poverty, hunger and social inclusion policies" (5). This means that the active participation of the target group, health professional technicians, and community dynamics in civilization, socialization and perception of phenomena in order to respond and correspond to the efforts made to combat malnutrition and any disease are factors that must be privileged, carefully analyzed and well structured.

The compression of different thoughts individuals within a society is a focal point for knowing how to deal with different individuals and follow up on sustainable development. In all programs and events involving human beings, it is imperative to carefully understand the particularities of each individual, from their culture, religion and beliefs, which will interfere with their behavior in any situation, whether it be socialization or civilization, which is worse when the information is not well explained and understandable to the target group.

In Mozambique, especially in rural areas, the use of tradition in the treatment of illnesses is still a reality that is passed down from generation to generation because it is believed that most illnesses that manifest in the family are associated with witchcraft.

Man by nature is a more complex being and his vital processes are difficult to understand. He can be understood as a phenomenon influenced by various socio-cultural factors that are reflected in his ethics and morality. Every individual is born, grows up and lives according to the values and customs of the social system they are part of, created from generation to generation, and their behavior and beliefs are assimilated through social interaction (6).

Each individual's culture is seen as an identity that represents their personality. Each society has its own culture, identified by the individual's behavior, which reflects their habits, social rules, intuitions, relationship with other social groups, following standards and norms that will influence them as they decide how to change (6, 7).

The notion of the individual is deeply historical. It is believed that man was submissive to the collectivity in which he was inserted, to relations of tradition, customs and a role previously determined by his birth, where life was organized by rigid and collective institutions that even today on certain campuses are more privileged, these statements dictate the individual behavior in his relationship with tradition, obedience, transformation and civilization (8).

Socialization consists of social learning, through which we learn social behaviors that are considered appropriate (7). Therefore, the conception of different thoughts as a set of criteria that regulate social life, especially when it comes to aspects that involve the transformation of a society, is very important for establishing fair relations, justice and the well-being of all.

If the target group is not carefully understood, the process of modernization and civilization may not be successful, simply because this group is immersed in models that are based on traditionalism and localism, even worse when local representatives are not part of this process. Although this is not straightforward, another determinant that forms part of the process is the level of education of the target group, which influences the understanding of phenomena and the interpretation of facts.

"Looking at the evolutionary processes of health, it has always been defined as the absence of disease or physical defects in the human body. This ranges from traditional magical-religious, cultural, mythological, modernization, civilization and socialization, passing from generation to generation, "through the simplistic conception of the absence of disease, the perception of facts, to the more comprehensive conception adopted by the World Health Organization" when these concepts are well introduced and familiarized in social life" (9, 10).

In this evolution, health was seen as a right of workers as a way of guaranteeing social insurance and keeping workers to benefit from good hospital care while those who didn't work always had precarious care (10, 11). It should also be noted that hospital services arrived late in rural areas, which further strengthened the rural community's idealization of hospital services as being only for the ruling class and a group of prominent people, and that in rural areas, services are always precarious, and it is only worth staying or resorting to tradition or dyslexia in the treatment of illnesses.

These facts may be the reasons why when it comes to health services or programs, rural communities have always felt excluded, which influences the lack of attention and follow-up treatment and the application of containment and prevention measures, not only in the field of malnutrition, but also in other diseases such as HIV-AIDS. However, putting these theories from different authors and the critical and empirical analysis, in the context of the view of different health processes, food or nutrition, disease and the demand for modern public health services, can be disturbing and not a priority for many, especially in rural areas, assuming it to be something normal, magical and spellbinding.

From this perspective, seeking health services has been seen as the last option, especially in rural areas, when a person is seriously ill, which leads to less efficiency and effectiveness of the different activities carried out to solve the public health situation. The community's understanding of malnutrition as a disease, its fatal course and that good nutrition or food is one of the main pillars for human physical and psychomotor development and can reduce the worsening of other diseases such as HIV-AIDS is the main key to success in dealing with and reducing cases of malnutrition in Mozambique and in the world, especially.

"Food insecurity, quality of life, very low food quality and quantity, poor access to drinking water sources, improved sanitation, access to treatment and health services, high levels of illiteracy in women, especially in sub-urban and rural areas, are indicators of the factors behind the high prevalence of infectious diseases and malnutrition in various communities" (2).

Adequate food is a fundamental human right, inherent to the dignity of the human person and indispensable to the realization of the rights enshrined in the Federal Constitution, LAW No. 11.346 of 2006, and the public authorities must adopt the policies and actions that are necessary to promote and guarantee the food and nutritional security of the population, community participation, transparency and cultural understanding of the public, in this process is to be based on the implementation of public health policies and sustainable strategies (12).

Food is a human right, i.e. choosing food out of biological necessity (13). Food security is treated as a question of insufficient availability of food capable of satisfying needs over many seasons, and can also refer to food insecurity due to poor use of food, food processing and food preservation. Malnutrition can also be the lack or excess of nutrients in the body, while hunger is the need or sensation of the body needing to be supplied with nutrients through food intake.

In short, good health is a human right, as is good nutrition to ensure social well-being and sustainable development. Failure to take this into account is practically unattainable and is considered a crime against human rights under the Human Rights Regulations (12).

Socio-cultural factors (localism and traditionalism) can lead to a delay in changing the way people are, and the way they socialize, combined with illiteracy, myths, fables, taboos, habits and customs. Looking at the life of the society studied, it can be believed and concluded that all families have at least two to three meals a day. What can be questioned is the lack of correct application of the few foods around them in order to have a healthy and balanced diet.

The other aspect that arises is the mental poverty of societies. In rural areas, on the other hand, mental poverty and negligence lead to failures in progress and diathesis in decision-making, to the detriment of the illiterate society, which has a tendency to assume, comply, create curiosity and follow developments and updates in its day-to-day life, putting all its learning into practice.

There is a difficulty in justifying the high levels of malnutrition in the district of Angónia since it is considered one of Mozambique's granaries. Furthermore, in rural areas you don't pay for energy, water, vegetables, maize, meat, among other things, what you need in economic terms are basic products such as rice, oil, soap, sugar, salt and phosphorus, to the detriment of urban areas where everything depends on economic conditions, but when evaluating cases of malnutrition, rural areas have higher levels of malnutrition compared to urban areas.

If the factors that are considered to be the protagonists of malnutrition have already been identified and nothing changes for the better, allowing for a more comprehensive understanding and perception of the phenomenon, as is the case in Angónia, which is one of the granaries of Mozambique's agricultural surpluses, the great challenge is to find the real problems, starting from the base and the communities where food is available, in order to study how mitigation programs are received and how malnutrition is understood, This is the responsibility of academics, researchers and the entire community with a social responsibility to try to understand how the world is and how it acts in the face of any situation and what its problems are and how to solve them.

## **Methodology**

The research was conducted in Tete province, central of Mozambique, in Angónia district, Mateus Sansão Muthemba, Mphatamanga and Natcholi. Angónia is located in far north of Tete province, about 230 km from the capital city, at an altitude of 1,300 m, between parallels 14° 46' and 15° 14' South and between meridians 33° 46' and 34° 54' with an area of 3,427 km squared. It is bordered to the north and northeast by the Republic of Malawi, to the south and southeast by Tsangano District across Máue River, and to the west by Macanga District (14).



**Figure 1** Map of Angónia district.

The choice of three localities followed the criterion of having the highest number of malnutrition cases per locality in district. According to the register map of malnutrition cases in Angónia District Health, Women's and Social Welfare Service. 23 families were selected from Mphatamanga locality, 25 from the Mateus Sansão Muthemba locality, and 30 from the Natcholi locality at random in different villages, totaling 78 families. This selection was based on the causal approach where the family that was found present in their home was interviewed.

For this purpose, se used a descriptive and qualitative methodology with the help of a survey, bibliographic review and direct participation, adopting the probabilistic method, to understand the idealism of each family in different locations from the point of view of their perception and conception of malnutrition and how they act in the face of malnutrition. The interview was conducted with a group of individuals aged between 13

and 50 (women and men). This criterion was drawn up because in these localities individuals of the above age were found with children under 5 years of age.

The survey was conducted on sheets of paper with well-structured closed and open questions to better gauge accessibility and their individual views on malnutrition. The questions were asked in the local language and Portuguese to make it easier for the target group to understand, as they have little schooling.

The interview ended with the following questions: Have you ever heard about malnutrition? What is malnutrition? How does malnutrition manifest? What causes malnutrition? What do you understand about hunger? Have you or someone else in your family or someone you know suffered from malnutrition? How was the person cured? Have you received instruction on preventing and containing malnutrition? How often have you participated in malnutrition programs? Do you trust and believe in hospital services? Why? How often do you go to the hospital when you or someone else in your family is ill? What type of treatment, between traditional and hospital-based, is most effective in treating illnesses? What is your level of education? What is your source of income? How many meals do you eat a day?

The data was submitted to the Microsoft office Excel version 2016 statistical system for processing and was calculated as a percentage and the variables were analyzed descriptively, interpreting and analyzing the interview data by constructing a grid of the answers, which allowed for the identification, grouping of similar and contradictory answers and the presentation of the results in a critical analysis.

In Angónia, there are around 444,613 inhabitants, most of whom are in rural areas with a low level of education. It is estimated that in every 10 homes more than 80% of the population has less than 10 years of schooling and those who claim to have studied can neither write nor read, and their source of income is rain-fed agriculture.

## Results and discussion

After investigating the community's ideological conception of malnutrition and medical treatment in rural areas, it emerged that families in rural areas of the Angónia district are made up of between 3 and 10 members in all the neighborhoods studied, of whom 69.2 and 91.5% have not attended secondary school.

**Table 1** Characterization by locality of families number (F) interviewed, level of education, source of income and total household (h) by zone. Own elaboration.

Localities	Number of F Interviewed	Schooling (%) < 10, > 10 class	Source of Income (%)	Total Family Household
Mphatamanga	23	< 69,2	100 (Agriculture)	125
Mateus Sansão	25	< 95	100 (Agriculture)	138
Muthemba				
Natcholi	30	< 91,5	100 (Agriculture)	180
<b>Total</b>	<b>78</b>	-----	100	<b>443</b>

Table 1, illustrates the results obtained in the survey for the variables of education level and source of income. In a universe of 78 interviewees, there was a high number of 91.5% in Mphatamanga, followed by 95% in Natcholi and 69.2% in Mateus Sansão Muthemba, of individuals with a low level of grade 10. Of these individuals, including



those above grade 10, it was found that 95% have problems reading and writing, or rather, can neither read nor write. On average, 100% of those interviewed live off dryland farming.

In a critical and empirical analysis looking at these results, the lack of schooling or the ability to read and write in an individual is a serious problem worldwide that can destroy a country or a society even if it has all the resources for its development. Education is the marma of development used worldwide in reference to Smith, David and Marx insofar as it facilitates the understanding of facts and the interpretation of phenomena.

**Table 2** Percentage of individuals with no good perception of malnutrition, no trust in hospital services, no follow-up of hospital care and daily number of meals taken by each family.

Localities	Number of women interviewed	Conception of malnutrition	Trust with hospital services	Follow-up with hospital recommendation	Number of meals (day)
Ulónguè	23	86, 24%	46, 41%	37, 22%	94, 24% > 3 vezes
Domue	25	89, 15%	55, 24%	46, 00%	92, 41% > 3 vezes
Maue	30	91, 11%	76, 23%	49, 91%	81, 40% > 3 vezes
<b>Total</b>	78	-----	-----	-----	-----

According to the table above, the results show that in all the localities studied, an average of 89.35% of individuals have three meals a day, which shows a capacity and guarantee of the existence of minimum conditions for survival and the guarantee of the human right to food. Based on the results, it can be said that food insecurity due to food shortages may not be the real cause of the prevalence of malnutrition in Angónia when looking at the percentage of individuals who have three meals a day. This is a district that is a breadbasket for Mozambique's agricultural surpluses, emphasizing the importance of the inductive attributions of the existence of food in the district, but conclusions were drawn about the lack of knowledge of preparation techniques and the importance of food.

The interviewees claimed to be aware of the existence of malnutrition and to participate in malnutrition programs whenever possible. However, it was found that on average 44.37% of those interviewed do not follow hospital recommendations and 59.29% have no confidence in hospital services. These statements were made because there was allegedly social exclusion, a lack of good care in hospitals, a shortage of medicines and claims that it is difficult to follow hospital recommendations because they require patience, time and economic conditions.

The community studied showed dissatisfaction, which creates resistance to making decisions to adapt to modernization, which is associated with civilization and socialization. They also stated that the health technicians have developed nutritional education lectures using local material, coming to the conclusion that this community has a tendency to resist learning, dyslexia, ignorance, localism and traditionalism.

Similar results were found in a study of factors determining the level of adherence and follow-up to schizophrenia treatment, which concluded that around 50% do not follow or adhere to treatment (15).

"Increasing adherence depends a lot on improving the doctor's communication with his patient, if communication is poor especially when it addresses practical aspects of the condition or disease and its treatment and palpable side effects, this reveals that



the problem may not be solved, however, they show that socioeconomic variables, cultural and habit variables may have a stronger association with the level of adherence than those related to the disease or the treatment" (16) this thought reinforces the results found in this study taking into account that the interviewees relied on a lack of trust with hospital services showing a strong relationship with traditional treatment.

Other factors that "fail to address decisive issues for patient adherence are people's expectations about the treatment, side effects ("palpable effects"), life expectancy, and what kind of life we are talking about when it comes to malnutrition, are not mentioned, benefits of the proposed treatment are not always clear to people, (17) On the other hand, the empathy of the health workers and the direction of a good word for the patient can influence them not to adhere and even those who have already been there to start their treatment may not return to the hospital, worse when it comes to people from rural areas and with a low level of education.

It was found that around 88.83% of those interviewed confuse malnutrition with hunger, they believe that malnutrition does not exist if it is not hunger, if malnutrition existed due to a lack of food consumption or inadequate food consumption, according to the speculations and statements made by health technicians that malnutrition occurs due to a lack of food, then in 1990 to 1991 there would have been no one left due to malnutrition.

They claimed that at that time, hunger was greater than it is today, because at that time health services had not evolved and did not exist in many corners of the country, but thanks to tradition, various illnesses such as debilitation, blood replacement through roots and leaves, measles, diarrhea and other illnesses were overcome through traditional treatments, which is why tradition is better than hospitals where they only give paracetamol and always complain about a lack of medicines.

They went to say that a person can only suffer, lose strength and lose weight due to hunger and other illnesses, such as blood loss due to a spell, and that there is no justification for the possibility of losing blood naturally, which is already in the body without any magic or spell.

They said that malnutrition doesn't exist, it's just that the government is trying to maneuver people, monopolize systems and embezzle funds in the name of the people and in the name of malnutrition. They categorically showed that they believe in traditionalism and localism and that proper treatment in hospitals is currently for a certain group of prominent individuals, those who don't have money have always been an obstacle in health centers, currently to be attended you need to carry a sum of money to give the doctors or have an acquaintance which makes it difficult for rural communities.

In the classic study of hypertensive patients by Wilber and Barrow (1972), cited by Hart (1992), it was shown that half of hypertensive patients do not know they are hypertensive, half of those who know they are hypertensive do not treat it and half of those who are treated are not controlled. The same study extrapolates the same rule to patients with asthma and concludes that only 12% of people with chronic diseases are fully diagnosed, treated and monitored" (17). It can be considered that adherence to treatment comes from the conduct of the patient in making decisions under socio-economic, cultural, civilization, socialization, perception and conception influences of any phenomenon.

In a study of local interpretations of malaria and the discourse on traditional healthcare providers in the south of Mozambique in Chókwè, three healthcare providers were identified, the hospital doctors, Zione (church like healers) and witchdoctors, who in these societies treat the disease as being of sorcerous origin. The treatment of diseases has often been done by tradition because it is believed that in the *Zione* and the witchdoctor the spirit that causes the disease is extracted from the body and there are indications from the witchdoctor that it is worse when this witchdoctor is trusted to bring positive results (18).

Some interviewees also said that they had witnessed family members and other people they knew suffering from malnutrition. However, in order to be out of danger, they said they had used traditional means, others said they had used both because they had not had good results in hospitals after the technicians said it was malnutrition, others said that after going to hospital without success, they had stayed at home and the disease had gone away without any other treatment.

With regard to instructions for preventing and containing malnutrition, some said that whenever they go to health centers with children, they are told to fight malnutrition.

Regarding the frequency of treatment for illnesses in hospital while they are ill and the efficiency of traditional and hospital treatment, some said that they always go to hospital, while others said that it depends on the illness. When a person is very serious, it is best to have traditional and hospital treatment, because of Africanism, where there is illness, magic is never lacking, leading doctors and pills to be unable to treat the illness and alleviate the illnesses, highlighting the importance of traditional treatment.

In Mozambique, in most communities, myths, fables and the use of tradition in the treatment of diseases is still a caustic problem, especially in rural areas, which reinforces the need to invest in grassroots work and programs to transform the traditionalist community mindset and localism into a civilized and modernized mindset. This mentality has slowed down the development of many societies, culminating in the neutralization and overburdening of governments and health-related programs to reinforce public health programs.

Civilization and socialization, especially in rural areas, is still one of the biggest constraints, and one of the factors is that it affects various communities in different corners of the world in different areas such as perception, ideological conception of any disease, the way of eating and treatment of diseases.

Nowadays, there is a lot of idealism in rural communities about continuing to believe in their traditions and social influences, as well as in the academic community about the persistence of disease, hunger and other obstacles that affect communities. Despite the various works carried out aimed at mitigating these obstacles that plague communities, there are still many doubts and questions about the realities experienced worldwide. Although the use of traditional medicine is currently acceptable because traditional medicine plants are part of modern medicine in the treatment of diseases and the manufacture of drugs, these facts put the research community in a panic and a question mark.

The results described here regarding the points (negligence, perception, conception, civilization, socialization, traditionalism, localism and lack of application of correct techniques in the use of food) do not give affective conclusions as the main factors in the prevalence of malnutrition in Angónia or Mozambique, they only provide an overview of some of the factors that influence the prevalence and persistence of

malnutrition, and it is up to the various intellectuals to carry out an in-depth analysis and basic study into how beliefs, myths, the use of tradition, among other factors mentioned above, influence society and affect public health and the decision-making of societies in terms of resilience and nutritional sustainability.

Malnutrition has become a worldwide concern, the WHO and health ministries in general have developed preventive actions, while malnutrition shows progression rather than reduction, which has led nutrition to achieve worldwide recognition in recent years for emphasizing the importance of healthy eating in promoting public health and expanding hospital networks and health services closer to families and intensifying kinetic and scientific research (19).

These services provide subsidies for strategic food planning, appropriate use of food as a health promoter, efficient care and availability of health services, reducing the risk of illness and seeking to improve human well-being.

The level of malnutrition not only measures the degree of development, poverty and availability of food and the existence of good hospital conditions, but also measures the civilization of society, socialization, efficiency and effectiveness of the services developed at community level, adequate use of food and community participation, conception and perception of this phenomenon by communities.

Despite the many efforts made in the area of malnutrition, nutritional rehabilitation, nutritional resilience, nutritional education and the expansion of hospital services and networks, there are still high rates of malnutrition in the Angónia district and in Mozambique in general, ranging from 43% to 44% in all age groups (19, 20; 21). Combating any disease or situation requires everyone's involvement in order to emphasize certain activities that have been carried out successfully, so that they can help identify and contribute to assisting the activities of employees (3, 20, 21).

Several causes can be related to the occurrence of malnutrition in children, such as: immediate, adjacent and basic causes. The main immediate causes of chronic malnutrition are inadequate nutrient intake, high levels of infection and early pregnancy (3). The underlying causes of chronic malnutrition are food insecurity (especially limited access to and use of nutritious foods), poverty and inadequate health care practices. The root causes of chronic malnutrition, in addition to poverty, include low levels of education and gender inequality (3).

Having observed that there are various activities being carried out in the community linked to malnutrition, if the projects (activities) are operating properly, the district is providing food and there is an expansion of the school network and health services, the evaluation of the precursor indicators that allow us to understand each person's vision and how each situation is conceived and dealt with by different individuals in the same community is fundamental for better dealing with any phenomenon or disease.

## **Conclusion**

In Angónia, conception, perception of malnutrition, localism and culturalism are one of the main pillars of the prevalence malnutrition. Some 88.83% of 78 interviewees confuse malnutrition with hunger, and the majority of people believe that malnutrition does not exist unless there is hunger. If malnutrition existed, in 1990 to 1991 there would have been no one left because it was a time when hunger was greater than it is today and health services had not evolved and did not exist in many corners of the country.

These communities have shown that, for them, hospital services are a step backwards where they are only indicated for a certain group of prominent people. For them, traditional treatment has been the best since ancient times and they believe that all illnesses are associated with African magic and are only possible with the use of both tradition and the hospital, verifying a diversification in the conception, perception of malnutrition, evolution of the world and its effects, changing times and their consequences, the influence of mythology and culturalism and how each phenomenon is conceived in these localities.

Approximately 44.37% of individuals do not follow hospital recommendations and around 59.29% have no confidence in hospital services, pointing to social exclusion, lack of good care in hospitals and medicines, which forces communities to resort other means of treating illnesses and dyslexia and ignorance in following hospital treatments.

Therefore, the community in question shows trends of resistance in decision-making, modification, civilization and socialization, which can be associated with localism and traditionalism. These reasons can be seen in the perceived existence of work done by health technicians to raise community awareness and training in nutritional education, but the prevalence of malnutrition remains a concern.

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