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**Informed Motherhood: Young Mothers' Experiences in  
Child Health Care in Rural Rawalpindi, Pakistan**

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**Abstract:**

Child health care is widely seen as primarily the mothers' responsibility, and the quality-of-care children receive depends on mothers' knowledge, resources, and experience. Despite extensive global research on maternal and child health, few studies explore the daily lives of young mothers in rural Pakistan, especially the barriers they face in accessing child healthcare services. This study focuses on young mothers in Sihala village, Rawalpindi District, examining their knowledge, practices, and obstacles in managing child health. A qualitative approach was used, selecting eight young mothers with at least one child between one and three years old through purposive sampling. In-depth interviews were conducted and analyzed thematically to find common patterns in maternal experiences. The results show several challenges affecting child healthcare, including limited access to healthcare facilities, financial constraints, transportation issues, reliance on traditional remedies, and difficulties in meeting children's developmental needs, such as sleep, nutrition, and early learning. The study emphasizes the need for better community-based maternal education, accessible healthcare services, and stronger support systems for young mothers. Improving maternal knowledge and healthcare infrastructure can greatly improve child health outcomes in rural Pakistan.

**Keywords:** Pakistan, Rawalpindi, young mothers, child healthcare, maternal experiences, maternal knowledge, healthcare infrastructure

**INTRODUCTION**

Child health is a vital part of public health and plays an essential role in shaping long-term human development. Mothers are generally seen as the primary caregivers responsible for ensuring children's physical, emotional, and developmental well-being. Therefore, the quality of child healthcare practices largely depends on mothers' knowledge, social support, and access to healthcare services. Young motherhood is a unique stage in life. Women who become mothers at a

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relatively early age often encounter multiple challenges, including limited understanding of child development, financial dependence, and restricted access to healthcare. These factors can affect how effectively they meet their child's health needs and respond to illnesses.

Previous research has highlighted that maternal education and awareness are crucial in improving child health outcomes. However, most studies conducted in Pakistan primarily focus on malnutrition, immunization, or clinical health services, often neglecting the everyday experiences of mothers managing their children's developmental needs. Moreover, there is limited research on how rural mothers navigate structural barriers such as transportation challenges, limited healthcare facilities, and cultural practices. In rural areas, mothers often rely on informal knowledge systems, such as family advice or home remedies, when addressing child health concerns. These practices may coexist with biomedical healthcare but can also delay seeking professional medical treatment. Understanding how mothers make healthcare decisions within their social and cultural contexts is essential for enhancing maternal and child health programs. This study aims to explore the lived experiences of young mothers in Sihala village, Rawalpindi District. Specifically, it examines their knowledge of child healthcare, the challenges they face in accessing services, and the strategies they use to manage their children's health and development.

## **LITERATURE REVIEW**

Young motherhood has been widely discussed in sociological and public health literature. Women who become mothers during early adulthood often face transitions in identity, responsibility, and social expectations. According to Furstenberg (2000), young mothers frequently encounter social and economic challenges that influence parenting practices and access to resources. Maternal education is strongly associated with improved child health outcomes. Educated mothers are more likely to adopt preventive healthcare practices, seek medical assistance promptly, and ensure appropriate nutrition for their children. However, in rural contexts where educational opportunities and health literacy may be limited, mothers often depend on traditional knowledge systems.

Early childhood development involves several physical and cognitive milestones, including neck control, sitting, crawling, standing, and walking (Adolph & Robinson, 2015). These developmental stages require supportive caregiving environments and adequate nutrition. Language development is another crucial aspect of early childhood growth. Humans possess the unique ability to communicate through language, and early exposure to communication plays an important role in cognitive development (Franceschini, 2011). Young mothers who lack knowledge of these developmental milestones may struggle to recognize delays or health concerns in their children. As a result, early interventions may not occur promptly. Healthcare access remains uneven across rural areas of developing countries. Barriers may include financial limitations, long travel distances, and inadequate healthcare facilities. Cultural beliefs and gender roles can further influence healthcare decisions within households. Research also suggests that mothers frequently rely on home remedies as the first-line treatment for minor illnesses.

While these practices are culturally embedded, they may delay professional medical care if symptoms worsen. The literature on maternal and child health highlights the critical role of maternal knowledge, health literacy, and sociocultural context in shaping child health outcomes.

Previous studies emphasize that mothers' understanding of nutrition, sleep, and developmental needs significantly influences early childhood wellbeing (Ertem et al., 2007; Aljohani & Aljohani, 2020). Health literacy, as conceptualized by Nutbeam (2000) and further elaborated by Baker (2006), is a key determinant enabling mothers to make informed decisions regarding preventive care, treatment, and health-seeking behaviors. In low- and middle-income settings such as Pakistan, these practices are further shaped by social determinants, including access to healthcare, gender roles, and economic constraints (Marmot & Bell, 2010; Bhutta & Hafeez, 2015). Moreover, cultural beliefs and intergenerational knowledge significantly influence caregiving practices, particularly the use of home remedies and spiritual healing. By engaging with these perspectives, this study situates maternal experiences within a broader framework that integrates health literacy, cultural practices, and structural inequalities, thereby contributing to a deeper understanding of child healthcare in rural contexts.

Despite a growing body of literature on maternal and child health, there remains a limited understanding of the lived experiences of young mothers in rural Pakistani contexts, particularly in relation to everyday child healthcare practices. Existing studies have largely focused on maternal knowledge, nutrition, and health outcomes (Aljohani & Aljohani, 2020; Bhutta & Hafeez, 2015), while insufficient attention has been given to how young mothers navigate childcare within sociocultural and resource-constrained environments. Moreover, the interplay among traditional practices, health literacy, and access to healthcare services remains underexplored, particularly from a qualitative perspective. This study addresses this gap by providing an in-depth exploration of young mothers' experiences, decision-making processes, and challenges in managing child health in rural Rawalpindi, thereby contributing context-specific insights to the existing literature.

Despite these challenges, mothers play a crucial role in safeguarding children's health through daily caregiving practices. Understanding their experiences and coping strategies provides valuable insights for designing community-based health interventions.

## **RESEARCH METHODOLOGY**

This study adopted a qualitative, exploratory research design to examine the lived experiences of young mothers in managing their children's healthcare. A purposive sampling strategy was employed to recruit participants who had direct experience of caregiving for young children, ensuring relevance and depth of data (Campbell et al., 2020). Data were collected through in-depth semi-structured interviews, allowing participants to freely express their experiences within their sociocultural context.

### **Sample Size**

The selection of eight participants was guided by the principle of data saturation, in which no new themes or insights emerged from additional interviews. Purposive sampling was employed to recruit mothers with direct, recent childcare experience, thereby ensuring the richness and relevance of the data (Campbell et al., 2020). In qualitative research, smaller sample sizes are considered appropriate for in-depth exploration of experiences and meanings rather than generalization. Therefore, the chosen sample size was sufficient to capture detailed narratives and generate meaningful thematic insights. In this study, the term "young mothers" refers to women who experienced motherhood at an early stage of their reproductive life, specifically those aged

between 18 and 30 years at the time of data collection. The inclusion criteria required participants to have at least one child under the age of five, ensuring that their experiences were recent and relevant to early childhood care. This definition captures both biological age and caregiving experience, allowing for a focused exploration of maternal practices during the critical early years of child development.

### **Sample Characteristics**

The study included eight participants selected through purposive sampling to ensure relevance and depth of information. The sample consisted of young mothers with varying sociodemographic backgrounds, including differences in age, education levels, duration of marriage, and number of children. Most participants were housewives, while a few had only a basic education. The majority lived in joint-family systems, which influenced caregiving practices and decision-making, while some lived in nuclear-family setups. These variations in participant characteristics provided diverse perspectives on child healthcare practices within the rural context.

### **Study Area**

The research was conducted in Sihala village located in Rawalpindi District, Pakistan. The area represents a rural setting where healthcare facilities are limited, and community members often rely on local knowledge systems for health management.

### **Data Collection**

Data were collected using a semi-structured interview guide specifically developed for this study based on an extensive review of the literature on maternal and child health, caregiving practices, and health literacy. The interview guide was designed to ensure consistency across participants while allowing flexibility to explore individual experiences in depth. It comprised approximately 12–15 open-ended questions organized around key thematic areas, including child sleeping and feeding practices, maternal knowledge of child health and nutrition, use of home remedies versus medical care, developmental milestones, immunization practices, and challenges faced in caregiving. The interview guide was reviewed for clarity and relevance before data collection. All interviews were conducted individually in a quiet and comfortable setting to ensure privacy and encourage open discussion. With participants' informed consent, interviews were audio-recorded to ensure accurate capture of responses, and field notes were also taken to document non-verbal cues and contextual details. Each interview lasted approximately 30–45 minutes, allowing sufficient time for participants to share their experiences in detail.

### **Data Analysis**

The interview transcripts were analyzed using thematic analysis. This process involved coding the data, identifying patterns, and organizing them into major themes representing mothers' experiences and challenges. The data were analyzed using thematic analysis, following a systematic process of familiarization, coding, category development, and theme generation. Initial codes were derived inductively from the data, grouped into broader categories, and refined into key themes that guided the presentation of findings. This analytical approach ensured that the themes were grounded in participants' narratives while maintaining transparency and rigor in interpretation.

The use of a qualitative approach is consistent with recommendations for exploring complex social phenomena and lived experiences (Teherani et al., 2015).

## RESULTS

The analysis produced several key themes reflecting the lived experiences of young mothers in child healthcare. The analysis of the interview data identified several major themes and sub-themes reflecting the experiences of young mothers in child healthcare. The key themes include: (1) experiences of mothers in child healthcare, encompassing sleeping and feeding patterns as well as caregiving practices; (2) management of child health issues, including mothers' recognition of symptoms and treatment practices; (3) challenges faced by mothers, such as physical, emotional, financial, and social constraints. Each theme further comprises related sub-themes that provide a detailed understanding of maternal practices and perceptions. These themes guided the organization and presentation of the findings in the following sections.

### Experiences of Mothers in Child Health Care

Mothers' experiences regarding child health include sleeping patterns, eating habits, and the overall healthcare needs of both the child and the mother. Proper sleep is vital for a child's health, and children with consistent routines reflect attentive maternal care. Mothers reported different sleeping patterns depending on the child's age. Children aged 2–3 years generally followed regular routines, with two sleep periods: nighttime sleep from 9:00 pm to 6:00 am and a daytime nap from 2:00 to 4:00 pm. Some younger children had three sleep intervals, often supported by cloth swings, which mothers described as “like their mother’s lap.” Seasonal fruits and supplementary foods were introduced to promote better development.

One of the respondents stated:

“When my daughter was one and a half years old, we made a cloth swing for her by closing the sheet with the bed, which was used by women in earlier times.” (R: 2)

In contrast, another respondent highlighted:

“When my daughter was growing up, she wanted to sleep in a bed, and she demanded a separate bed for herself, but now, at two and a half years old, she does not get up repeatedly at night. I feed her only once, and she falls asleep until Fajr. I made her routine this way.” (R: 6)

Similarly, one respondent stated: “*No way, my child, Mash Allah, does not get up at night. She has a routine; she does not irritate me at all.*” (R: 4). Mothers also reported challenges in managing irregular night patterns, often leading to fatigue and health issues.

“It is very difficult to adjust at night. My child is sleeping with me, but I wake up with him. Because of that, my health gets affected; I feel a headache in the morning and cannot rest in the afternoon due to household responsibilities.” (R: 3)

“We feel body fatigue in the morning because we need to get up early for home chores or send older children to school. It is very difficult to manage our health and our children’s health, leading to headaches and body fatigue.” (R: 8)

Regarding eating habits, mothers noted that children could be stubborn, and handling food demands required patience and polite strategies.

“My child is very stubborn about eating food, and if he does not get it, he lies on the ground and starts crying. If he gets what he wants, he becomes silent.” (R: 6)

“Being a mother, I prefer to provide the things my child demands. If unavailable, I tell her I will provide it later in an empathetic and loving way, and she tries to understand.” (R: 2)

“My children listen if I speak politely. If I get angry, she also gets irritated. She started eating one bite of bread from her baba or dada and then gradually became independent.” (R: 4)

In addition to sleeping patterns and eating habits, mothers also emphasized the overall healthcare needs of both the child and themselves. For children, these needs included timely immunization, hygiene practices, regular monitoring of growth and development, and access to healthcare services when needed. Mothers highlighted the importance of recognizing early symptoms of illness and ensuring proper care, whether through home remedies or medical consultation. At the same time, mothers' own health needs were often overlooked, as they prioritized their children's well-being over their own physical and mental health. Many reported experiencing fatigue, stress, and limited time for self-care due to household responsibilities and caregiving demands. This underscores the interconnected nature of maternal and child health, in which the mother's well-being directly affects the quality of care provided to the child.

### **Child Health Care Management**

Mothers emphasized monitoring motor, cognitive, and language skill development. Most children start walking around 1.5 years, with careful supervision to prevent injuries.

“It was very difficult because she was one and a half years old and had not started walking. Her uncle held her hand in the garden, and she started walking. It took three months, and if she fell, her lips got damaged, so we took extra care.” (R: 4)

“When he started walking, I sat inside the room and watched him. He crawled the whole day safely.” (R: 6)

Most mothers preferred that children learn Urdu to support social integration and school readiness, although some supported bilingual development.

“I prefer my child to learn Urdu because if she spoke the local language and went to school, children might laugh at her.” (R: 2)

“My first preference is that my child learns Urdu because our society mostly speaks Punjabi. This ensures my child speaks comfortably and respectfully.” (R: 7)

Mothers described their ability to detect minor ailments such as tooth, ear, or abdominal pain and to administer home remedies or medications. “Being a young mother, I can identify the problem because the child continually touches the affected body part. For tooth pain, I use Bio-21; for abdominal pain, colic drops.” (R: 1)

One of the mothers preferred home remedies over medical treatment:

“I believe home remedies are effective at a certain limit for children. They are better than medicine, and children recover soon.” (R: 2)

Others preferred evidence-based medical interventions:

"I do not believe in any home remedies. Without testing their effectiveness, I avoid using them."  
(R: 4)

Mothers highlighted the need for better health facilities and family support. Local dispensaries exist, but inadequate staffing limits the effectiveness of child healthcare. Spiritual and cultural practices also play a role in managing child health.

"Yes, I believe in spiritual practices for my children because it is the word of Allah; it has power. I use prayers and recitations to comfort them." (R: 5)

"I am not satisfied with the dispensaries in our village, but if children have minor health issues, then I try to visit local dispensaries; otherwise, I believe home remedies are still better. Because the local doctors who are homoeopathic will provide the same (چینی پھکی), which is already present in our home. That is why I prefer child specialists instead of these doctors. I know it is challenging to travel away from home because a child's health suffers more, but the benefit is that doctors recommend child tests that clarify what the problem is with the child and prefer visiting a governmental hospital instead of a private hospital." (R:2)

Similarly, another respondent mentioned that:

"First of all, we do not have a hospital near here; we have a local clinic or dispensaries here. He does not get benefits from the local doctor or dispensaries we have here, so I do not prefer to go there for the child's health, especially since I visited their child specialist and they got well in two days easily. We need these dispensaries because they can save us time and money, so there is a need to improve on a higher level so it becomes accessible for all." (R: 6)

Almost all of the respondents said that in their village, they have dispensaries for health checkups, but they do not visit local doctors for their children's health. They believe we need to keep only one doctor for a child it is good for the child's health, and we do not have any child specialists here in our village. As we all know, family support is more important than ever for today's young mothers in caring for their children's health. Most of the respondents mentioned that we have great support from the family side while taking care of children, and also that having a family helps. This is why we can do certain things, and we believe it's necessary for every mother living in a city alone to do it; living in a village, it's very difficult to do it alone. So, support from family is much needed by present-day young mothers.

Similarly, one of the respondents mentioned that:

"Yes, my son's grandparents support me in taking care of him, and he spends most of his time with his grandparents. That is why I can take care of my & my child's health as well. That is why I am now in good health. I have family support." (R: 5)

In contrast, one of the respondents said,

"As my child later started walking, many people from the village suggested to me that if my child was not walking, there must be a reason behind it, and maybe he was suffering from a disease such as polio, but I did not believe it because I was well aware that every child has different developmental and growth stages, which is why I do not bother with what the child said to" (R: 8)

Most respondents said they have family support and believe caring for a child's health is important, while only a few mentioned lacking family support because they have a nuclear family. Past research also shows that child care is mostly seen as a mother's responsibility. Therefore, the

amount of care a child receives depends on the mother's experiences with healthcare. Family involvement plays a crucial role in a child's growth, development, and healthcare collaboration.

### **Challenges Faced by Mothers**

The findings highlight the complex realities faced by young mothers in rural Pakistan. Childcare responsibilities go beyond physical care and include emotional, social, and economic aspects. Sleep management proved to be a major challenge for mothers, impacting both their health and their ability to care for their children. Similar findings have been reported in studies exploring maternal fatigue and childcare stress. Traditional childcare practices remain important in rural communities. While these practices reflect cultural knowledge, combining them with modern healthcare education could improve child health outcomes. Another key issue identified in the study is limited access to healthcare. Transportation barriers, financial constraints, and the lack of specialized services create significant hurdles for rural mothers seeking medical help. The reliance on informal support networks indicates that maternal education programs should be community-based and culturally sensitive. Involving elder family members and community health workers could improve the effectiveness of these programs.

Another significant challenge raised by participants was the lack of partners due to work commitments, which significantly affected childcare responsibilities. Mothers shared that when their husbands were away, they had to handle all aspects of childcare and household chores alone, resulting in higher physical and emotional strain. The absence of immediate support during emergencies or a child's illness further heightened stress and anxiety among mothers. This emphasizes the vital importance of partner involvement in supporting maternal wellbeing and managing child healthcare effectively.

### **DISCUSSION**

The present study explored the experiences of young mothers in managing their child's healthcare, focusing on key aspects such as sleep routines, nutrition, skill development, home remedies, and caregiving challenges. Mothers noted that children's sleep patterns are essential to overall health and well-being, aligning with prior research showing that irregular sleep in early childhood is linked to behavioral issues and developmental problems (Sviggum et al., 2018; Felsó et al., 2017). Well-structured routines, such as two to three sleep periods daily, help mothers manage both their child's and their own health, highlighting the importance of family caregiving strategies during early childhood (Aljohani & Aljohani, 2020). Nutrition and dietary habits were identified as crucial for optimal child development. Mothers described introducing seasonal fruits and supplementary foods for children over two years old, reflecting global guidelines that emphasize balanced nutrition for cognitive and physical growth (Bhutta & Hafeez, 2015; Aljohani & Aljohani, 2020). Their efforts to balance children's food preferences with health considerations underscore the role of maternal knowledge and health literacy in promoting child well-being (Baker, 2006; Nutbeam, 2000). Challenges related to managing picky eating behaviors also reveal the sociocultural context of caregiving, in which mothers navigate between children's demands and family norms, consistent with studies highlighting parental influence on dietary habits (Ertem et al., 2007).

Skill development was another key focus, especially in motor and language areas. Mothers highlighted careful supervision during crawling and walking stages, aligning with established

developmental milestones identified by Adolph and Robinson (2015), who note that motor control and coordination are vital during the first two years of life. The study also showed a strong preference for teaching children Urdu to support social integration and school readiness, while keeping the local language for family interactions. This reflects the complex interaction of multilingualism, societal expectations, and cognitive development (Franceschini, 2011). These findings suggest that maternal guidance plays an important role in shaping early language skills and social adaptation.

Mothers' use of home remedies versus medical interventions highlights a culturally ingrained, experience-based approach to managing child health. Many mothers rely on traditional cures for minor illnesses, citing safety and effectiveness learned from grandparents, while seeking medical attention when necessary. Such practices also align with the broader concept of health literacy, as mothers assess the appropriateness of interventions within their sociocultural environment (Nutbeam 2000; Baker 2006).

Challenges in caregiving were complex, including irregular sleep patterns, health emergencies, partner absence, and limited transportation or financial resources. Mothers reported physical tiredness, mental stress, and reliance on self-care strategies to handle daily tasks. These results mirror those found in other qualitative studies of maternal experiences, where caregiving burdens are worsened by structural barriers such as limited healthcare access and gendered household roles (Mumtaz et al., 2003; Watts et al., 2015; Furstenberg, 2000). Partner support was seen as a key buffer, consistent with research highlighting the importance of shared parenting duties in reducing maternal stress and improving child health outcomes (Medina et al., 2009).

Finally, the study highlighted that mothers in rural areas face gaps in healthcare infrastructure, with limited dispensaries and fewer qualified providers. This situation forces reliance on home remedies and spiritual practices, consistent with findings that the mothers' proactive engagement in vaccination and immunization demonstrates their awareness of preventive child healthcare, reinforcing the importance of maternal health literacy and community support systems (Bhutta & Hafeez 2015; Hibbard et al. 2008).

These findings support previous research highlighting the importance of social and structural support systems in maternal and child health outcomes. For example, studies have shown that limited access to healthcare services combined with sociocultural barriers significantly impacts mothers' ability to provide optimal care (Mumtaz et al., 2003; Bhutta & Hafeez, 2015). These patterns reflect broader structural inequalities affecting maternal and child health in low-resource settings. The findings of this study on informed motherhood closely align with Rehman's research on maternal healthcare in Pakistan, which emphasizes both the structural and sociocultural aspects of maternal and child health (Rehman & Diah, 2016; Rehman, 2023). While Rehman highlights systemic issues such as healthcare quality, hospital service structures, and governance gaps, this study adds depth by exploring young mothers' lived experiences, including how they manage child sleep, nutrition, skill development, and use of home remedies in a rural setting. Both works emphasize how sociocultural factors, gender roles, and household dynamics influence maternal practices, decision-making, and engagement with health services (Rehman, 2017; Rehman & Diah, 2016). In particular, the concept of "informed motherhood" reflects how young mothers navigate these structural and cultural constraints, making health decisions for their children while balancing

household responsibilities and limited access to professional care. This illustrates the interaction between systemic maternal health challenges and individual mothering strategies, reinforcing the importance of context-sensitive policies and community-level interventions highlighted in Rehman's work.

In summary, these findings show that young mothers navigate child healthcare using a combination of structured routines, culturally informed practices, and experiential knowledge while managing physical, emotional, and systemic challenges. Supporting maternal health literacy, improving access to healthcare services, and providing family and community support are essential for enhancing child health outcomes in rural Pakistan (Fernandez et al., 2019; Marmot & Bell, 2010).

## **CONCLUSION**

This study explored the experiences of young mothers managing child healthcare in a rural community of Rawalpindi District. The findings reveal that mothers face several challenges, including sleep issues, household responsibilities, limited access to healthcare, and a lack of knowledge about child development. Despite these challenges, mothers show resilience and adaptability in caring for their children. Traditional knowledge, family support, and personal experiences influence maternal decision-making. Enhancing maternal education and strengthening healthcare infrastructure in rural areas can significantly improve child health outcomes. Community-based programs focused on maternal awareness, accessible healthcare, and social support are essential for helping young mothers. Future research should involve larger sample sizes and multiple rural communities to gain more comprehensive insights into maternal experiences across Pakistan.

## **Limitations of the Study**

This study has several limitations that should be considered when interpreting the findings. First, the sample size was relatively small, with only 8 participants from a specific rural area of Rawalpindi, which may limit the generalizability of the results. Second, the use of purposive sampling may introduce selection bias, as participants were selected based on specific criteria. Third, the study relied on self-reported data, which may be subject to recall bias or social desirability bias. Additionally, as a qualitative study, the findings are context-specific and may not be representative of all young mothers in different cultural or geographical settings. Despite these limitations, the study provides valuable, in-depth insights into the experiences and challenges young mothers face in managing their children's healthcare.

## **Recommendations**

The study recommended that mothers have access to well-equipped health units and community-level training programs to understand child health, nutrition, breastfeeding, and the appropriate use of home remedies versus medical care, enabling them to manage minor health issues effectively at home. Additionally, establishing community-based organizations or vocational training institutes for young mothers can promote financial independence, allowing them to afford necessary treatments and attend routine health checkups for themselves and their children without relying solely on family support.

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