AFRICA UNIVERSITY

(A United Methodist-Related Institution)

A STUDY TO ASSESS MALNUTRITION AMONG CHILDREN AGED 6 TO 59 MONTHS AT JOMPANI CLINIC IN SANYATI DISTRICT

BY

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Abstract

The rise in cases of malnutrition at Jompami clinic in Sanyati over the past few years had been alarming, The research sought to determine the factors contributing to malnutrition by carrying out an assessment of malnutrition among children between the ages of 6-69 months. The study also sought to bring out the nutrition knowledge of mothers and care givers important factors in the fight against malnutrition. Using a community-based cross-sectional quantitative study design, a total of 20 mothers/caregiver with their children were interviewed and observed. The study found out that 70% of the children had eating problems contributing to malnutrition's. among 14 of the 20 children who were brought to the clinic by either their guardian or their mother, The study also revealed that 40 % of the children had food allergies . this was revealed by their caregivers.. Another important finding that the majority of children 55% (11) were not being breastfed. In terms of recommendations, the study recommends that, there is need to continue educating and capacitating the mothers/caregivers with knowledge of malnutrition management to ensure that children between 6-59 are sage from the harsh realities caused by malnutrition and there is need to roll out a rural malnutrition campaign were mothers and caregivers get more information about malnutrition and how it can be reduced.

Key words . Malnutrition, Children, ,Mothers. Caregivers, Breastfeeding

Declaration

I declare that this dissertation proposal is my original work except where sources have been cited and acknowledged. The work has never been submitted, nor will it ever be submitted to another university for the award of a degree.

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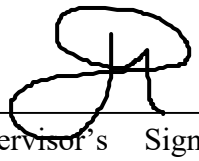

Main Supervisor's Full Name Main Supervisor's Signature

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Acknowledgments

I would like to thank God the Almighty for according me this great opportunity and strength to study and carry out this project. My gratitude goes to my supervisor for assisting with constructive criticism during the course of this research..

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Dedication

To my family and friends

Copyrights

Table of contents

List of tables

CHAPTER 1 INTRODUCTION

Background of the study

The term malnutrition includes both under nutrition and over-nutrition or obesity. Globally, approximately 52 million (8%) children under the age of five years in 2011 were wasted and more than 70% were from Sub-Saharan Africa and Asia (UNICEF, 2013). In Uganda, the national prevalence of acute malnutrition (wasting) among children 6-59 months of age is 4% and it is 10% for the West Nile sub-region (UBOS, 2017). In South Sudan where most of the refugees in Uganda originate from, there is critical food shortage and famine is looming with the prevalence of acute malnutrition in some areas estimated at 26.1% (UNICEF, 2017

Under nutrition among children is a critical problem. Its effects are long lasting (Glewwe et al., 2007: Abuya et al., 2012). Undernourished children are physically, emotionally and intellectually less productive and suffer more from chronic illnesses and disabilities (Jesmin et al., 2011). Malnutrition affects child performance, health, and survival. In the long term, early nutritional deficits are linked to impairments of intellectual performance; work capacity, reproductive outcomes and overall health during adolescence and adulthood. The immediate consequences of poor nutrition during the early years include significant morbidity and mortality and delayed mental and motor developments. Malnutrition at the early stages of life can lower child resistance to infections. Moreover, the potential negative impact of child malnutrition goes beyond the individual, affecting society and future generations (Grantham et al., 2007).

In Zimbabwe, the prevalence of malnutrition is at 26.8 % (ZDHS, 2015). It varies by district from 22% to as high as 49% across the districts (ZIMVAC, 2016). The

prevalence is more pronounced in rural areas where there is poor hygiene and poor sanitary conditions are associated with malnutrition.More boys (29.6%) were stunted, compared to girls (23.4%) (ZIMVAC 2016) in rural areas. Baseline surveys are important so that intervention strategies can be put in place.

1.2 Problem statement

Under nutrition is one of the most serious but least addressed health problems. The human and economic costs are enormous, falling hardest on the very poor and on women and children. In developing countries, nearly one-third of children are underweight or stunted (low height for age). Under nutrition interacts with repeated bouts of infectious disease, causing an estimated 3.5 million preventable maternal and child deaths annually. And its economic costs in terms of lost national productivity and economic growth are huge. Success in addressing undernutrition is essential to meeting the Sustainable Development Goals and equally in contributing to human rights for health and freedom from hunger. Malnutrition can only be addressed after identification using indicators of malnutrition. The survey carried out in 2010 revealed a stunting prevalence of 35%-47% in the Mashonaland West. Sanyati falls under Mashonaland West and therefore it is important to get an overview of the contribution of Jompani clinic to the current status in the Mashonaland West.

1.3 Study Justification

In Zimbabwe, the prevalence of malnutrition varies by district. Jompani Clinic is under Sanyati District, Mashonaland West and the nutrition status of the community feeds into the Mashonaland West status in terms of malnutrition. It is therefore noble to get a snapshot on the contribution of malnutrition on 6-59 months children

1.4 Research Objectives

1.4.1 Broad Objectives

To carry out an assessment of malnutrition among children ages 6 to 59 months at Jompani clinic in Sanyati district.

1.4.2 Specific Objectives

To find the number of children with moderate, severe oedematous and non-oedematous malnutrition.

To find out feeding practises, level of nutrition knowledge on mothers and caregivers of children aged 6 to 59 months.

1.5 Research questions

1. What is the proportion of children with moderate and severe malnutrition at Jompani clinic?

2. What is the level of knowledge on nutrition of mothers and caregivers of children aged 6 to 59months?

3.What are the feeding practises of the people under study?

1.6 Study Limitations

Some mothers with children that have malnutrition cannot complete the questionnaire.

Some mothers/ caregivers with malnourished children do not come to the clinic due to their religious beliefs.

1.7 Study delimitations

In this study, the researcher focused on a few nutrition indicators such as MUAC and weight/height score.

CHAPTER 2 LITERATURE REVIEW

2.1 What is malnutrition

Malnutrition occurs when the rate of nutrient intake fails to meet the needs for a normal human body to function and as a result leads to changes in growth and development in children (Larson and Goday ,2019). Child malnutrition has also been defined as a pathological state resulting from two extremes. Inadequate nutrition or undernutrition because of insufficient absorption of energy and other valuable nutrients and overweight as a result of too much intake of energy and other nutrients. (K.Y and Chang ,2001). It also reduces and compromises cognitive development and physical health of the children at the early stages of growth, which has generational consequences if not corrected before the child reaches 23 months of age of irreversible damage (Victoria et al., 2008; Morgan, 2015). Socio-economically, child malnutrition impacts cognitive function and contributes to poverty by impeding an individual's ability to lead a productive life. In poor societies, malnutrition is best described as a syndrome of developmental impairment which includes diminished immunocompetence and an increase in mortality rates. Retardation in growth is associated with other deficiencies such as Vitamin A and anaemia (Vaidyanathan ,2007).

2.2 What causes malnutrition

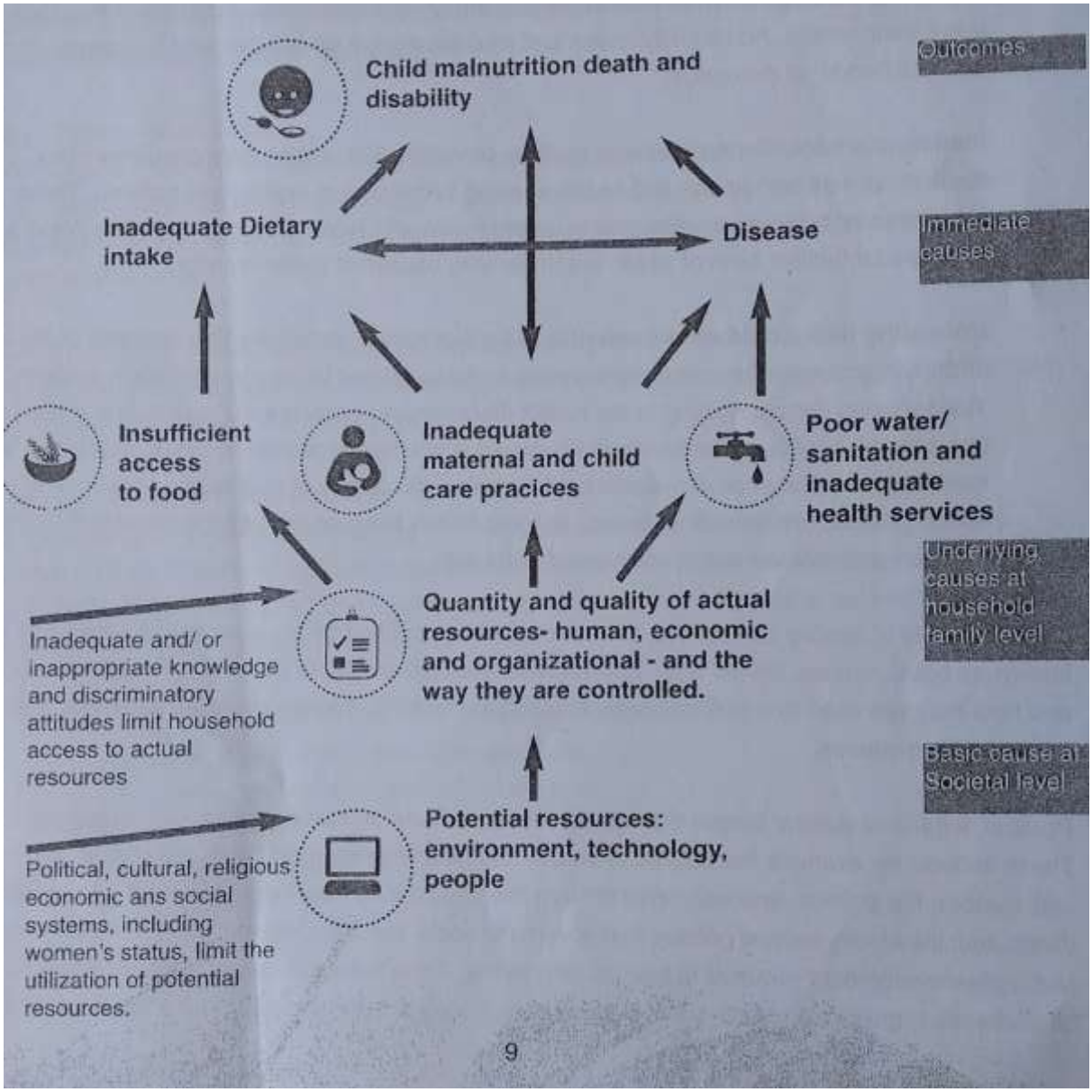
Malnutrition in third world countries is very common and is caused by poverty , social isolation and substance abuse. In adults, however, malnutrition may be due to reduced dietary intake and a reduction in the absorption of either macro or micronutrients (Stratton et al ,2003). One of the aetiological factors in diseases related to malnutrition is a decrease in dietary intake. An increase in energy expenditure is also responsible for malnutrition (Saunders and Smith ,2010).. The major cause of malnutrition are food shortages in households, poor feeding practices, and poor health services (Yimer ,2000). It is very unfortunate that malnutrition affects every organ of the body (Saunders and Smith ,2010).

2.3 Combatting malnutrition in Zimbabwe

Different initiatives have been taken by the government of Zimbabwe to eradicate chronic malnutrition. The biggest programmes have been Community Food Nutrition Programme and recently the Food and Nutrition Security Policy even though none of the initiative was successful. Through joining hands with Food and Agriculture Organisation of the United Nations, the World Health Organisation and United Nations Children's Education Fund to fight hunger in Zimbabwe. The Community Food Nutrition came into existence in 1988 with the assistance of the Swedish International Development Cooperation Agency and the motive was to increase food production and feed children (James, 2002). The national Food and Nutrition Security Policy which was launched by President Mugabe in 2013 aimed at promoting that the country had adequate food and nutrition security for every citizen especial the vulnerable (Mwangome et al., 2019). The strategy of the government through its National Nutrition Strategy of 2014-2018 aimed at ensuring nutritional security for everyone in

the country through up interventions in health services, water and sanitation (Matutu, 2014). In 2015 the government of Zimbabwe with the World Food Programme came out with Zero hunger strategic review to come with food and nutrition security measures in the country (Ncube at l 2020). Malnutrition in Zimbabwe's children is caused by mainly the poor rainfalls which are received in some areas which leads to droughts (Madzingira, 1995). Some families also do not have drought and farming inputs power to use during the farming season leaving them vulnerable to drought causing malnutrition. Many people in Zimbabwe 's rural areas are peasant farmers who survive by farming. Data collected indicated that children under the age of five years experienced malnutrition. 22.3 % of targeted children received some vitamin supplements during some routine visits of clinics (District, 2012).

Conceptual Framework for malnutrition



SOURCE: UNICEF

CHAPTER 3 RESEARCH METHODOLOGY

3.1Introduction

According to Moule and Goodman (2014), research method is a systematic and theoretical analysis that is applied to the field of study. Howel (2013), argues that research method comprises of theoretical analysis of methods and principles associated with body of knowledge.

3.2 Study area and period

The study was conducted at Jompani clinic, Sanyati district between February and April 2022.

3.3 Study design:

A community-based cross-sectional quantitative study design was used to assess the magnitude and factors associated with malnutrition in children 6-59 months of age. The source population were all children 6-59 months of age and their mothers in the district who lived in the study area for at least six months before data collection.

Inclusion criteria

Mothers or caregivers who were resident in Jompani catchment area with a child aged 6 to 59 months with malnutrition.

3.4 Exclusion criteria

Mothers and caregivers of children aged 6 to 59 months from the Jompani clinic catchment area being treated for other conditions and those that do not provide consent to take part in the study.

3.5 Study population:

The study population was children 6- 59 months of age living in the district. Pre-test of questionnaires were done before the actual data collection work, which are not included in the study for the accuracy of responses, to estimate the time needed and some modifications were made based on the findings. Weighing scales were calibrated with known weight object regularly. The scale indicators were checked against zero reading after weighing every child.

Mild (+): oedema in both feet/ankles, moderate (++): oedema in both feet plus lower legs, hands or lower arms and severe (+++): generalized oedema including both feet, legs, hands, arms and face will be assessed and recorded in children 6-59 months

3.5 Sample size

Initial contact with the clinic shows that the highest number of women coming for regular weighting of children on a busy day are 20 All women coming for child weighting on the of children were interviewed.

3.6 Data analysis

Data was checked for consistence and completeness then managed using entered using the statistical package and exported to SPSS version 20 for further analysis. The significance test at alpha level 0.05 or 95% confidence level will be used.

3.7 Ethical considerations

Ethical considerations refer to quality and extent to which research procedures and decisions observe professional, legal as well as social obligations (Polit and Beck,

2008) The main ethical issues in this study include privacy, maintaining confidentiality and informed consent. The research process was fully explained to participants and a means of consenting like a signature or an X on the consent forms and they were given an option to refuse, or volunteer to be part of the study or withdraw if they so wish. All efforts were made to make sure that there is no any form of maleficence during the study. Privacy and confidentiality of data collected was ensured at all levels.

Permission from the District Medical Officer (D.M.O), District Nursing Officer (D.N.O) of Sanyati District, Nurse in Charge of Jompami clinic was obtained for approval to conduct this study.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.1 introduction

The chapter presents data related to factors contributing to malnutrition among children between 6- 59 months at Jompani clinic in Sanyati. The data is going to be presented using graphs and frequency tables.

4.2 Socio Demographic data

Table 1: Age distribution of participants

N=20

Variable	Category	Frequency	Percent (%)
Age (of the mothers)	18-25	9	45.0
	26-35	7	35.0
	36-45	4	20.0
	Total	24	100.0

The majority of study participants were between 18-25 years of age constituting 45% (9) of the total number of participants. Those between 26 and 35 years of age constituted 35% (7) of the participants while only 20% (4) were between 36 and 45years of age

Relationship with the Child

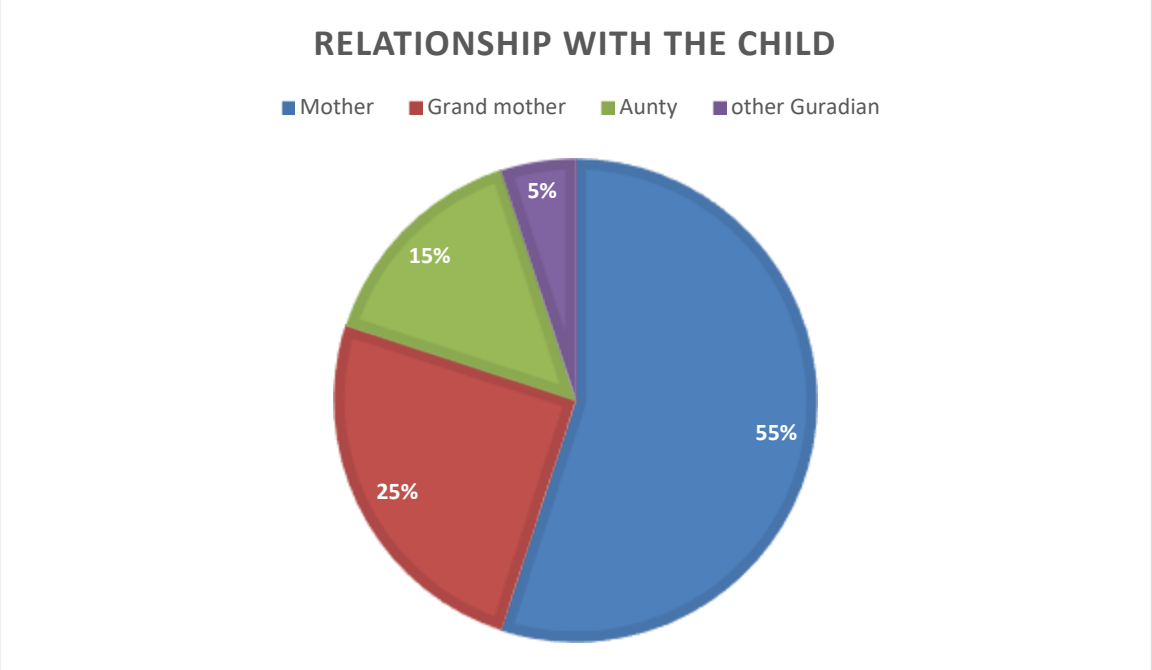


Figure 4.1: Relationship with the Child

Figure 4.1 shows the relationship with the child with guardians who brought them to the hospital. The majority 55% (11) indicated that they biological mothers of the children while 25% (5) indicated that they are grandmothers to the child in their custody. A considerable 15% (3) highlighted that they are an aunty to they child they brought while only 5% (1) indicated that they qualify among other guardians to the child.

Gender of the child

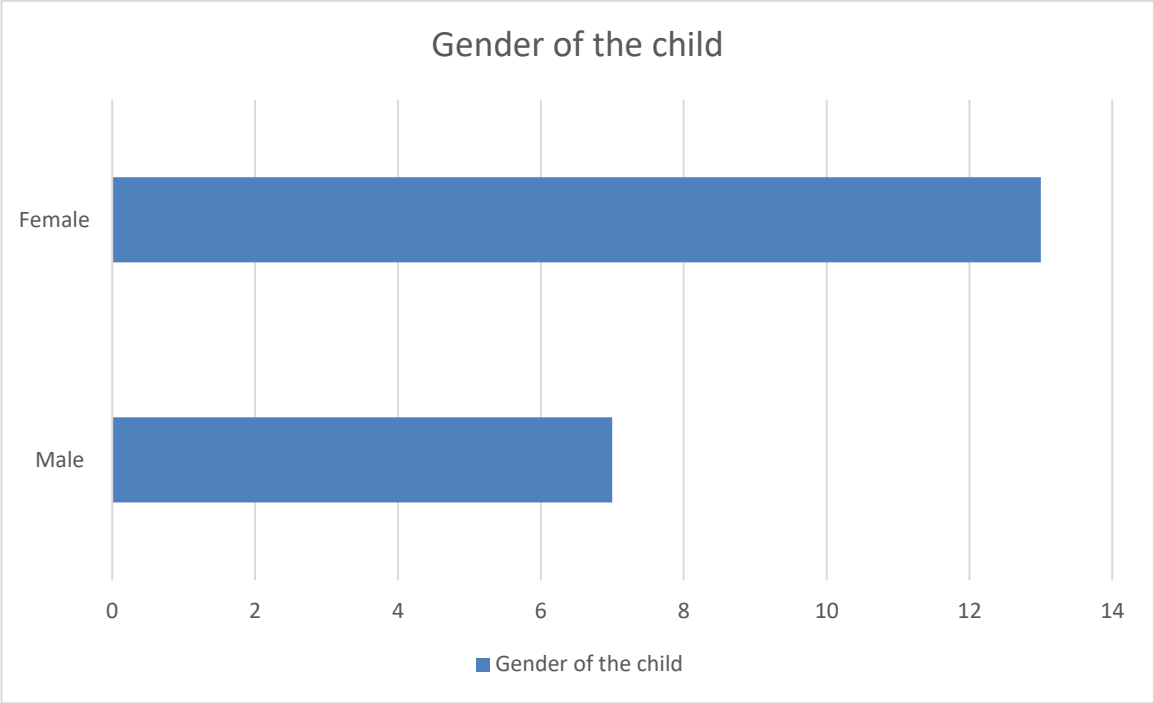


Figure 4.2: Gender of the Child

The figure 4.2 shows that the majority (13) of the children were females whilst males were only 7.

Level of education for mothers

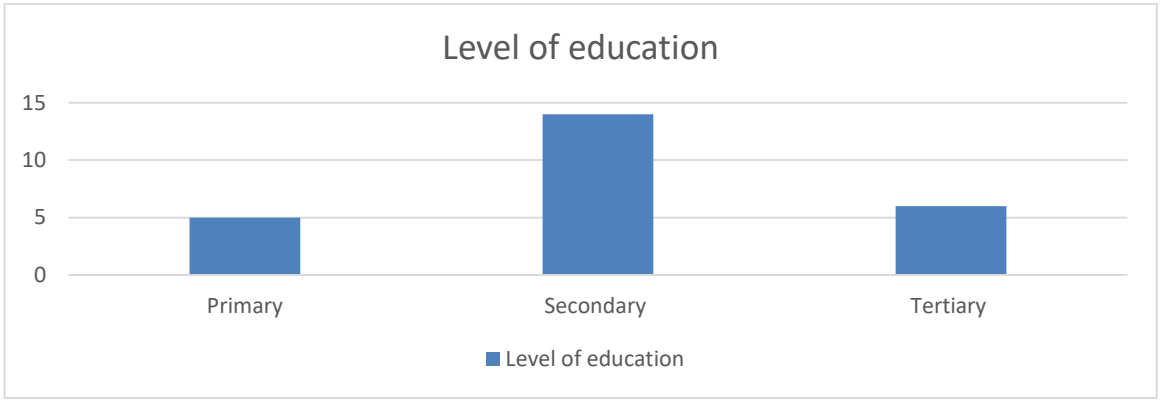


Figure 4.3 :Level of education of participants

The study findings shows that the majority of participants (14) had secondary level qualifications or had reached secondary level in their pursuit for education. Those who attained tertiary education were 6 while only 5 indicated that they had at least reached primary level.

Religious characteristics of participants

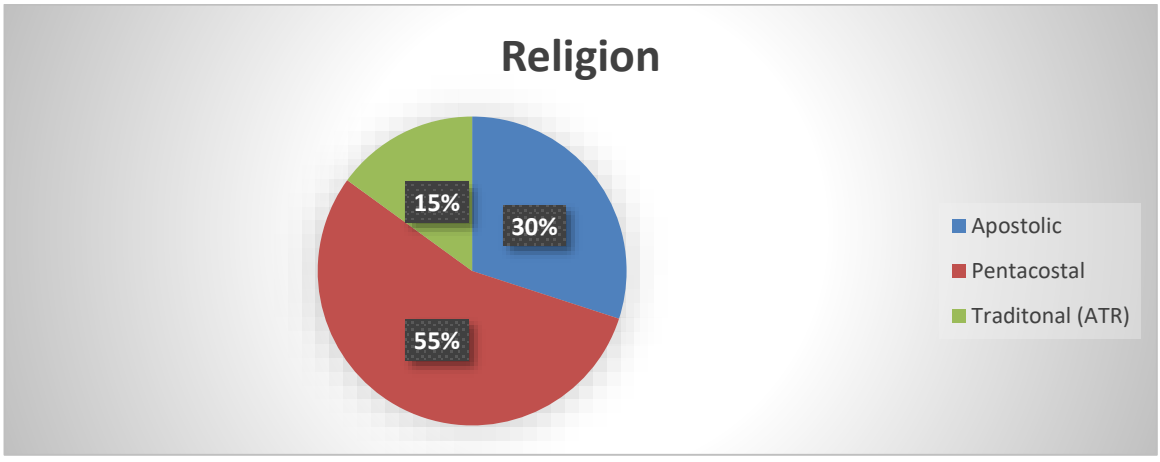


Figure 4.4 Religious characteristics of participants

Figure 4.4 shows that the majority of participants are Pentecostals (55%) while 30% are of the Apostolic sect. Only 15% indicated that that they are of the Traditional religion.

4.2 Factors contributing to Malnutrition

Table 4.2:Does your child have feeding problems

N=20

Variable **Feeding problems**	**Frequency (N)**	**Percentage (%)**
Yes	14	70
No	6	30
Total	20	100

Table 4.2 shows that 70% (14) of the mothers indicated that their child has feeding problems while 30% (6) denied that they do not have such challenges. This shows that there was likelihood of 14 out of 20 children being malnourished.

Table 4.3 Does your child have any food allergies

N=20

Variable **Food allergies**	**Frequency (N)**	**Percentage (%)**
Yes	8	40
No	12	60
Total	20	100

Table 4.3 shows the distribution of responses of mothers when asked whether the children in their custody had any food allergies. The findings shows that 60% (12) indicated that their children do not have any food allergies. A considerable 40% (8) brought out that their child had food allergies.

Table 4.4: Does your child have trouble eating any of these foods?

Variable **Food allergies**	**Yes**	**No**	**Total**
Fruits	8	12	20
Milk	6	14	20
Meat	4	16	20
Vegetables	13	7	20

Table 4.4 shows the distribution of responses related to challenges in eating specific foods. The findings shows that 13 children were argued to have challenges in eating vegetables , 4 in eating meat, 6 in eating milk and 8 in eating fruits. However, the majority of children were argued to be having no difficulties in eating fruits (12), Milk (14), Meat (16) and vegetables (7).

Table 4:5. Are you currently breastfeeding

N=20

Variable **Breastfeeding**	**Frequency (N)**	**Percentage (%)**
Yes	9	45
No	11	55
Total	20	100

The study findings shows that the majority of children were not being breast fed although they fell within the breastfeeding time frame as recommended by health practitioners with 55% of participants indicating that they are not breastfeeding while only 45% indicated that they are breastfeeding.

Table 4.6: If No at what age did you wean the child

N=20

Variable **Weaning the child**	**Frequency (N)**	**Percentage (%)**
Less than 12 months	9	45
18 Months	8	40
24 Months	3	15
TOTAL	20	100

The study findings review that the majority of children (45%) were weaned when they were less than 12 months old while 40% (8) were weaned at 18 months. Only 15% (3) indicated that they weaned their children at 24 months.

Table 3:7 what do you think are the causes of malnutrition

N=20

Variable **Causes of malnutrition**	**Frequency (N)**	**Percentage (%)**
Lack of food	4	20
Not eating balanced diet	3	15
Worms	6	30
Witchcraft or evil spirits	7	35
Total	20	100

The majority of study participants indicated that malnutrition in Sanyati is caused by Witcraft and evil spirits. This was indicated by 35% (7) of participants who were part of the study. A considerable 30% (6) believed that it is caused by worms while 20% (4) indicated that it is caused by lack of food. Only 15% (3) believed that malnutrition is a result of not eating balanced diet.

Table 4.8 Do you think it is necessary to seek medical care for a malnourished child

N=20

Variable **Seeking medical care for malnourished child**	**Frequency (N)**	**Percentage (%)**
Yes	8	40
No	12	60
Total	20	100

The majority of participants (60%) indicated that they do not think that it is necessary to seek medical attention for malnourished children while 405 (4) were of the opinion that it is necessary to seek medical attention for cases of malnutrition.

Table 4.9 : where do you usually go when your child is not feeling well

N=20

Variable **Where do you usually go when the child is not feeling well**	**Frequency (N)**	**Percentage (%)**
Clinic	9	45
Prophets	8	40
Traditional healers	3	15
Total	20	100

The study findings shows that they majority (45%) of mother take their children to clinics when they are not well. In the same vein , a considerable 40% indicated that they rely on prophets when their children are not feeling well. Only 15% indicated that they take their children to traditional healers when they are not feeling well.

Table 4.10 :How far do you stay from the clinic

N=20

Variable **How far do you stay from the clinic**	**Frequency (N)**	**Percentage (%)**
Less than 10 km	4	20
More than 10km	16	80
Total	20	100

The majority of study participants (80%) indicated that they stay more than 10 kilometres away from the clinic while only 20% (4) stayed in a radius of less than 10 kilometres from the clinic.

Table 4.11: As a mother , have you ever been trained about malnutrition

N=20

Variable **Have you ever been trained about malnutrition**	**Frequency (N)**	**Percentage (%)**
Yes	14	70
No	6	30
Total	20	100

The study participants revealed that they were trained about malnutrition with 70% agreeing that they have been trained. However, 305 (6) indicated that they had never received training or education related to malnutrition.

Table 4.12: If yes where do you get the information

N=14

Variable **If yes where do you get the information**	**Frequency (N)**	**Percentage (%)**
Clinic	5	35
Village Health Workers	9	65
Total	14	100

The sources of information about malnutrition were varied in the study. The majority of mothers (65%) indicated that they have received information about malnutrition from Village Health workers (VHWs. A considerable 35% (5) indicated that they got the information from the clinic..

Table 4 As a mother do you think there is enough education about malnutrition

N=20

Variable As a mother do you think there is enough education about malnutrition	**Frequency (N)**	**Percentage (%)**
Yes	7	35
No	13	65
Total	20	100

The majority of mother (65%) brought out that they think there is no enough education about malnutrition among mothers in Sanyati while 35% (7) indicated that they think there is enough education about malnutrition.

CHAPTER 5 DISCUSSION, SUMMARY AND RECOMMENDATIONS

5.1 Introduction

The chapter discusses the study findings presented in chapter four. The chapter will also bring out the summary of the study as well as the recommendations and implications of the study findings.

5.2 Discussion of study findings

The study sought to assess malnutrition among children aged between 6-59 months at Jompani clinic in Sanyati district. Through across sectional quantitative study design a total of 20 respondents were sampled. A self-administered questionnaires was used to collect data from mothers on the causes of malnutrition among children in Sanyati. The questionnaire comprised of three sections namely demographic data, causes of malnutrition's as well as the strategies that can be used to reduce malnutrition among children between 6-59 months in Sanyati.

5.2.1 Demographic data

The study found out that the majority of mothers who were part of the study were between 18-25 years of age who constituted 45% of the respondents followed by those between 26 and 35 years of age who constituted 355 of the total population. .

The study findings also review that in terms of biological relationship , the majority of those who were interviewed for the study indicated that they were biological mothers of the child (55%) that they had brought to the clinic. However, some of the children were in the custody of their grandmothers (25%) Aunty (255 and another guardian (5%). The results reveal that the majority of children coming to Jompani clinic are under the custody of their biological mothers.

In terms of gender of children , the study found out that the majority of children between 6- 59 months were females (13) followed by males (7). This means that in terms of gender composition female children were more than males meaning also that malnutrition affects female more than male children in terms of numbers at Jompami clinic.

The majority of mothers indicated that they were educated with the majority of them (14) having attained secondary education. This means that the participants could easily understand and comprehend the questionnaire and the questions that were asked in the research.

5.2.2 Factors contributing to Malnutrition

The study findings reveal that the majority of mothers believed that malnutrition is caused by witchcraft or evil spirits (35%). Whilst this [presents a general belief in the community, it shows the reason why most mothers do not utilise medical facilities for the management of malnutrition in and around Sanyati. The fact that malnutrition is attributed to witchcraft makes it difficult to convince mothers to regularly visit the clinic so that the child can be managed. This in case can increase the rise in cases of malnutrition in the area, in some cases , this may result in ,late admissions of children due to malnutrition. This is related to the conceptual framework by UNICEF (2020) which highlights that malnutrition is also left to spread due to social and cultural beliefs that exists in a particular society.

The study also found out that the lack of a balanced diet contributes to malnutrition hence the majority of children were malnourished among children. This was indicated by 15% of study respondents. Whilst this is a key factor, there also exists mixed

reaction from participants on what constitutes a balanced diet with se children also indicating having allergies to key dietary foods. The research findings relate to the findings by Matutu (2014) who found out that the lack of a balanced diet especially in rural areas exacerbates cases of malnutrition. Despite the existence of relief programmes by Non-government organisations, the study found out that access to a balanced diet is still a challenge for many children and parents in rural areas.

More importantly, the study found out that generally the lack of food causes malnutrition mong children. This relates to the study by Madzingira (1995) who brought out that Malnutrition in Zimbabwe's children is caused by mainly the poor rainfalls which are received in some areas which leads to droughts. Some families also do not have drought and farming inputs power to use during the farming season leaving them vulnerable to drought causing malnutrition. Many people in Zimbabwe 's rural areas are peasant farmers who survive by farming. Resultantly this has increased cases of malnutrition in Zimbabwe especially among children.

In addition, the distance travelled by mothers to and from the clinic makes it difficult for them to visit the hospital early with cases of malnutrition. This was indicated by 80% of the participants who brought out that they travel more than 10 kilometres to the hospital. Whilst this cannot be directly linked to malnutrition, it somehow exacerbates the severity and depth of malnutrition as mothers do not regularly visit the clinic for their children to be monitored by health care professionals. While the study findings can not be related to other studies, the issues of distance travelled to and from the hospital in Zimbabwe has emerged as a major constrain to a healthy child as mothers find it tiresome to go with children for scaling regularly

Religion was also found out to be a major contributing factor to malnutrition's mothers indicated that when their child becomes sick. A considerable 40% indicated that they visit prophets whose knowledge of malnutrition is scant and limited. The fact that trust on put in prophets and traditional leaders to cater for children's health makes it difficult for health professionals to manage cases of malnutrition early. According to UNICEF (2020) the challenges faced by health care professionals in Zimbabwe is that cases of malnutrition are brought to them when they are severe after mothers have tried visiting religious and other spiritual leaders.

5.2.3 Strategies to reduce malnutrition

The study findings shows that majority of mothers believed having a local clinic which is less than 10 kilometres from where they stay helps in reducing cases of absconding scale and other regular child medical check ups . This can help in reducing the severity of malnutrition as it is dictated and managed earlier

The study participants also indicated that Village health works should be trained to ale children in the local areas and recommend to the clinic when there is a case of severe malnutrition. This will help in reducing the distances travelled to and from hospitals as well as increasing the malnutrition monitoring mechanisms in local areas.

5.3 Implication of the Research Findings

5.3.1 Implications to nursing practice

Malnutrition continues to affect a number of children in Zimbabwe despite the various efforts that have been put in place to curb the spread and increase in such cases. The study findings therefore imply the need to ensure that mothers and caregivers are

capacitated with knowledge and strategies to manage cases of nutrition well as mostly the children who are brough to clinics and hospital are in dire state.

5.3.2 Implication Nursing Education

The overall study findings show there is a level of awareness among mothers on what causes malnutrition and how it can be managed. This therefore implies that there is need of updating the curriculum to look at modern ways of ensuring that nurses utilise technologically based monitoring mechanisms for malnutrition ensure that mothers are well aware of systems and technologically based systems of managing malnutrition.

5.3.3 Implications to nursing research

Whilst the causes of malnutrition are well known , there is need for further studies on new ways that can be used to reduce or eradicated the sources that often breeds malnutrition.

5.4. Study Limitations

The study was limited to Jompami clinic only. The researcher used English as the main language for research and this may have caused problems to some mothers who might have failed to comprehend or understand certain terms. This researcher countered this by ensuring that the language used was easy to understand.

5.5 Recommendations

The following recommendations emanated from the study:

- There is need to continue educating and capacitating the mothers/caregivers with knowledge of malnutrition management to

ensure that children between 6-59 are sage from the harsh realities caused by malnutrition.

- . There is Need for the Government to roll out a rural malnutrition campaign were mothers ad caregivers get more information about malnutrition and how it can be reduced.
- There is need for further research studies regarding of malnutrition management in healthcare settings to make sure that policies are made at national levels and to prevent the rise of Malnutrition.

5.6 Chapter Summary

The chapter looked at the discussion of study findings and brough out the main findings of the study in relation to literature reviewed in Chapter two. It also brought out the implications of the study as well as the recommendations of the study

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Appendix A: Consent Forms for Participants

Researcher Dubeh Tsungai

Phone Number 0774348441

What you should know about this study

This consent is given to you so that you have an understanding of purpose and benefits of this study.

You have right to refuse to take part, or agree now and change your mind late.

Review this consent form carefully and ask questions for clarity

Your participation is voluntary

I …… (name or initials) agree to participate in the study that Tsungai Dubeh a Degree in Nursing student has explained to me. I understand that my participation is entirely voluntary and can withdraw from the study anytime. I have understood the information and have decided to participate

…….

Participant signature

…….

Date

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

Appendix B: Shona Consent

Gwaro rechitenderano kune vachapinda muongororo

Zita rangu Tsungai Dubeh

Namba Dzefoni 0774348441

Zvamungade kuziva paongororo iyi

Munopiwa gwaro rechitenderano kuti munzwisise zvizere zvinangwa zveongororo ino.

Mune kodzero yekuramba kupinda muongororo kana kupinda ikozvino mozoramba pakati peongororo

Verengai gwaro iri kana paine pamusina kunzwisisa makasununguka kubvunza mutsanangurirwe

Ini ……. (zita renyu) ndabvuma kupinda muongororo iri kuitwa naTsungai Dubeh ari kuita zvidzidzo zvegwaro repamusoro ranamukoti. Ndanzwisisa kuti ndiri kupinda muongororo nekuda kwangu zvekare ndinogona kuregedza pandadira

……..

Zita remupinduri

……

Zuva

Appendix C: QUESTIONNAIRE IN ENGLISH

SECTION A: Socio-demographic data

1. **What is your age**

18-25 [ ] 26- 35 [ ] 36- 45 [ ] 46 and above [ ]

2. **What is your relationship to your child**

Mother [ ] grandmother [ ] Aunty [ ] guardian [ ]

3. **Gender of the child**

Male [ ] Female [ ]

4. **What is your Highest attained level of education**

Primary [ ] Secondary [ ] Tertiary [ ]

What is your religion

Apostolic [ ] Pentecostal [ ] Traditional [ ]

Section B. Factors contributing to Mulnutrition

5. **Does your child have feeding problems**

Yes [ ] No [ ]

6. **Does your child have any food allergies**

Yes [ ] [ ]

7. **Does your child have trouble eating any of these foods?**

Fruits [ ] Milk [ ] Meats [ ] Vegetables [ ]

8. **Are you currently breastfeeding**

Yes [ ] No

9 if No at what age did you wean the child

Less than 12 months [ ] 18 months [ ] 24 months [ ]

10.What do you think causes malnutrition?

Lack of food [ ] Not eating a balanced [ ] Worms [ ] Witchcraft/evil spirits [ ]

11/ Do you think it is necessary to seek medical care for a malnourished child

Yes [ ] NO [ ]

12. Where do you usually go when you child is not feeling well?

Clinic [ ] Prophets [ ] Traditional Healer [ ]

13. How far do you stay from the clinic?

Less than 10km [ ] More than 10km [ ]

Have you ever been trained or educated about malnutrition

Yes [ ] No [ ]

14. If yes where do you get the information

Clinic ([ ] VHW [ ] Radio [ ] Child protection unit [ ]

15 As a mother do you think there is enough education about malnutrition?

Yes [ ] No [ ]

Section C strategies to deal with Malnutrition

What do you think should be done to reduce malnutrition

……
…….

Appendix: Shona version

Mune makore mangani …….?

Mwana wenyu mwanai Mukomana ( ) Musikana ( )

Makadzidza kusvika papi (Primary) (Secondary) (Noone)

Munopinda chitendero chipi (positori) (pentecosta) (zvechivanhu)

Munobva dunhu rekwani? ……

Mwana wenyu anonetseka kudya here? (hongu/kwete)

Pane chikafu here chaasingadyi (hongu/kwete)

Anonetseka here kudya zvinotevera (mukaka) (nyama) (muriwo) (michero)

Muchiri kuyamwisa here mwana uyu (hongu/kwete)

Munozivawo here nezvekudya kwakakwana (hongu/kwete)

Mune ruzivo here nezvekushaya kudya kwakakwana?

Munofunga kuti chirwere chekushaya kudya kwakakwana chinokonzerwa nei?

Kushaya chikafu ( ) Kusadya kwakakwana ( ) Makonye ( ) Kuroyana ( )

Munowana kupi ruzivo maererano nezvechirwere chekushaya kudya kwakakwana?

Mbuya/ sekuru utano ( ) Chipatara ( ) Wairesi ( ) Bazi rekudzivirira vana mumatunhu ( )

Munofungidzira kuti muri kudzidziswa zvakakwana here nezvechirwere chekushaya chikafu muvana (hongu/kwete).

TATENDA

Jompani Clinic

Sanyati

21 February 2022

The District Medical Officer

Sanyati District

Kadoma

Dear Sir/Madam

REF: REQUEST TO CARRY OUT A STUDY AT JOMPANI CLINIC

I am a final student at Africa University and am hereby seeking for your permission to carry out a study at Jompani Clinic to assess malnutrition among children aged 6 - 59 months. The study is partial fulfilment of the Bachelor of Science in Nursing Program.

Your response is greatly appreciated

Yours sincerely

T M D

Tsungai M Dubeh.

Approved
Dr Munodzeri

AFRICA UNIVERSITY

Investing in Africa's Future

COLLEGE OF HEALTH, AGRICULTURE AND NATURAL SCIENCES

P.O. BOX 1320, MUTARE, ZIMBABWE - OFF NYANGA ROAD, OLD MUTARE, ZIMBABWE

TO: Whom it may concern

FROM: HOD Public Health & Nursing (DPHN)

DATE: 04 November 2021

RE: DATA COLLECTION/ FIELDWORK BY BSN STUDENTS FROM AFRICA UNIVERSITY

The Department of Public Health and Nursing confirms that TSUNGAI M DUBE Reg Number: 191029 is a student at Africa University studying Post Basic Bachelor of Nursing Sciences. The student intends to collect data/ conduct fieldwork at your institution. The topic of the study is: ASSESS MALNUTRITION AMONG CHILDREN AGED 6-59MONTHS AT JOMPANI CLINIC.

Kindly allow the student to collect data that she needs.

Best regards

Dr E. Mugomeri

HoD – Deaprtment of Public Health and Nursing (DPHN)

mugomerie@africau.edu

COLLEGE OF HEALTH, AGRICULTURE AND NATURAL SCIENCES AFRICA UNIVERSITY 04 NOV 2021 RECEIVED / SENT

No objections Approved.
DR Munotiyei. N.

CC – DNO
– DN

22 FEB 2022