FACTORS INFLUENCING MALNUTRITION OF CHILDREN IN KASAMBYA SUB COUNTY MUBENDE DISTRICT UGANDA

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DPE/9189/51/DU

A RESEARCH REPORT SUBMITTED TO THE INSTITUTE OF CONTINUING AND DISTANCE STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENT OF THE AWARD OF A DIPLOMA IN PRIMARY EDUCATION OF KAMPALA INTERNATIONAL UNIVERSITY

SEPTEMBER, 2007
DECLARATION

I Nsereko Dafrah, hereby declare that this is entirely my original work and has not been submitted to any other university or other Institution for any award or certification.

Signed

NSEREKO DAFRAH

Date 26-10-2007
APPROVAL

This research report resulting from the researcher’s effort in the area of “factors influencing malnutrition of children in Kasambya Sub County” was carried out under my supervision and with my final approval is ready for submission for the award of Diploma in primary education to the academic board Kampala International University.

Signed

NABUSETA DEBORAH TALIGOOLA

Date 29/10/07
DEDICATION

This work is dedicated to my father Nsereko Issa, my wife Nabbale Sanula and my beloved son Alafah.
ACKNOWLEDGMENT

I wish to express my innermost gratitude and heartfelt thanks to all members who have morally and financially helped me during the process of carrying out this research.

I am particularly grateful to my father Mr. Nsereko Issa, my grand parents; mother Mrs. Nsereko, wife Nabbale Sanuula and my beloved son Nsereko Alafah.

Sincere thanks go to my supervisor Mrs. Deborah Taligoola for the wise guidance and encouragement while carrying out this study.

More thanks go to my lecturers who sacrificed their valuable time to facilitate my studies up to these great heights.

Lastly my thanks go to all my relatives in particular Mr. Ssekamate Hamid, Mablizi Muhamad, Namale Jalia, Nsereko Hamdan, Kikunzi Amis, Magezi said for encouragement they have been offering to me.
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ABSTRACT
A study on the factors influencing malnutrition was carried out in Kasambya sub county with the purpose of investigating and establishing the factors influencing malnutrition of children in Kasambya. The specific objectives of the study were: to establish the rate of malnutrition of children in Kasambya. To establish whether the occupational and economic status of parents will influence the nutrition status of their children. To find out if the educational attainments of parents contributed to the nutritional status of their children. To assess out the role of government in the prevention of malnutrition. The population studied consisted of 49 men and women from the community and 1 medical officer from Kasambya dispensary.
The methods used in the investigation were qualitative, descriptive and observatory given the nature of the research problem. Data was obtained from two sources namely primary data from questionnaires and interviews, and secondary data from government reports and other documents such as textbooks. Findings from the study revealed that indeed malnutrition was part of the health problems in Kasambya. It was also discovered that the residents knew little about proper nutrition that is why they were not fully practicing it. It was also realized that their little knowledge was due to their low educational attainments.
Another discovery was that a great number of them were living in poverty and therefore had difficulty in providing a balanced diet to their families, give their nature of subsistence activities. Findings also revealed Governments ineffectiveness in facilitating the child health and nutrition programme and that it concentrated on curative programmes. It was also learnt that government was servicing an overwhelming budget for the health sector. The following were recommended; intensifying plan for modernization of agriculture to increase the rural populations income. Government to monitor and promote protein energy nutrition among the children, support breast feeding, initiate micro-nutrient deficiency preventing and control measures. Increase efforts in PHC and to take steps towards greater emphasis in preventive measures. And to add more details in health education being taught in primary schools.
DEFINITION OF TERMS

**Malnutrition**
A condition caused by insufficient intake of food

**Underweight**
Weight below that for the particular age group

**Undernourished**
Stunted growth

**Waste**
Children who are acutely undernourished children
<table>
<thead>
<tr>
<th>ACRONYMS</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>UDHS</td>
<td>Uganda Demographic and health survey</td>
</tr>
<tr>
<td>PHC</td>
<td>Public Health Care</td>
</tr>
</tbody>
</table>
CHAPTER ONE
BACKGROUND TO THE STUDY

1.0 Introduction

The nutritional status of people in Africa has attracted considerable research world wide. This is because malnutrition has been directly linked health problems of people and therefore a hindrance to economic development (George Kinoti, 1996). Kinoti further highlighted that tens of millions of children in Africa suffer from malnutrition, which means retarded physical and mental development, disease disability or death.

Vision 2025 (1997) also expressed concern about under nutrition, famine and hunger being amongst the most health and welfare problems affecting people in Uganda, particularly the vulnerable groups like children the elderly, pregnant and lactating mothers, yet the population has the potential and capacity to produce sufficient quality and quantity of nutritional requirements needed.

Among reasons for malnutrition that have been cited include; ignorance, hunger, cultural rigidity and the governments failure to lay grater emphasis in the sensitizing of its citizens how to prevent malnutrition Kinoti (1997).

Kasambya Sub County is Mubende district is not exceptional from the problem. The area being rural with its population practicing subsistence agriculture, the researcher found it suitable to carry out this study.

1.1 Geographical location of Kasambya
Kasambya Sub County is located in Buwekula county, Mubende district. The sub county is bordered by Kigando, Bagezo and Nabingola sub counties.
1.2 Demographic profile of Kasambya
Kasambya is settled by various tribes particularly the Banyolo being the largest population, Baganda, Basoga, Bafumbira, Bakiga and Banyankole. The economy of the people of Kasambya is subsistence farming, lumbering, livestock rearing. The population is largely illiterate and lowly qualified with a few technical skills. Incomes of the people in Kasambya are very low mainly due to the subsistence nature of their economy. This shows their limited aspirations usually not focused beyond subsistence with the consequence that they are not driven by long term plans.

The sub county is facilitated with a fairly facilitated clinic with some few medical personnel. There is also government hospital which lies abit far from the sub county. The above key attributes of Kasambya forced the researcher to carry out the study in an attempt to find out why children are malnourished yet there is abundance of food crops with high nutritious values. Is it ignorance which was affecting the people? Another question To find out as why the people were not accessing the medical facility located in their area? Was it their attitude towards seeking advise from the nurses or was it the weakness of the healthy center.

1.3 Statement of the problems
A number of children in Uganda aged between 1 to 10 are reported to be malnourished as shown by wasting and 42% of those under 5 years of age are under weight (vision 2025). Monitor newspaper (2006) released a document expressing concern about children of school going age being stunted and slow to learn in school.

Majority of the children were reported not to receive the recommended infant food formular which includes meat poultry, fish and eggs which contain protein and other nutrients that are important for growth, recovery from illness and
mental development. Only 5% receive these foods by age 4-5 months and by 10-11 months, only 30% receive these foods. It is estimated that about 25% of all children below 5 years are underweight, 38% are chronically undernourished stunted and 5% are acutely undernourished waste State of Uganda.

If something is not done government shall continue spending clearly on health of its people at the expense of economic development. The study therefore is intended to establish the reasons as to why children are malnourished yet they are the future generation.

1.4 Purpose of the study
The aim of carrying out this study was to investigate and establish the factors that influence malnutrition of children in Kasambya sub county.

1.5 Objectives
The following objectives guided the study:
1. Establish the rate of malnutrition in Kasambya
2. Establish whether socio-economic factors are responsible for influencing malnutrition.
3. Find out if the educational status of parents was a contributing factor to child malnutrition.
4. Assess the role government is playing in the prevention of malnutrition.

1.6 Research questions
The following research questions guided the study;
- How serious is the problem of malnutrition in Kasambya?
- Does the economic and occupational status of parents influence their nutrition?
• Do educational attainments of parents influence their nutritional status of their children?
• What has the government played in preventing malnutrition?

1.7 **Significance of the study**
The researcher hoped that the outcomes of this research would be beneficial to the following groups.

• Findings can help to equip the education sector with best ways of preventing malnutrition.
• Government is also to benefit from the findings in that other than depending on the generalization, it will now access first hand information, which can enable appropriate planning for Kasambya.
• Even the community of Kasambya is to benefit since the population will be sensitized about the dangers of malnutrition.
• Health sector is also to benefit since such information can help to increase effort in public health care and steps towards laying greater emphasis in preventive measures.

1.8 **Scope of the study**
The study was carried out in Kasambya Sub County in Mubende district. It investigated the factors influencing child malnutrition in the sub county. It focused on finding out the number of malnourished children investigated the socio-economic status of families there. The following parishes were studied; Muyinayina, Kabbo, Kasambya and Bubanda parishes. The study started in April and ended in June.
2.0 Introduction

2.1 An explanation of nutrition on malnutrition

What is nutrition?

David Crystal (1990) described nutrition as the analysis of what people eat, the psychology of what they eat and what happens to food in the body and how the balance of food affects health. He further went onto note that nutrition is deeply rooted in chemistry, psychology, sociology, economic agriculture and medicine.

2.2 What then is malnutrition?

Malnutrition has been described as a deficiency of protein or of one or more of other essential in gradients of a diet. Under nutrition occurs when insufficient food energy is taken in and when prolonged, may lead to profound weight loss. The insufficiency may be more specific and involve one or several vitamin deficiencies. Examples include water soluble vitamins such as A B C D E. These may give rise to a wide range of clinical abnormalities and metabolic defects for example Kwashiokor, Marasmas, Pellagra, rickets scurvy and poor vision (Crystal, 1990).

The nutritional status of children depends a lot on early childhood teaching practices and patterns (Vision, 2025 (1997)). In the same text it is indicated that there is a possibility that children who are under nourished have also undernourished mothers (UDHS, 1995).

A diet which is adequate to maintain the body in good nutritional health must include the essentials for materials (Morris Fishbein, 1935)
2.3 The situation of malnutrition in society

Bandarage (2000) when taking about population problems world wide, highlighted the shortage of nourishment especially that of balanced diet in the developing countries. He went on to suggest that the standard of hygiene and quality on nutrition are low, which lead to health problems such as deficiency diseases.

Higher rates of malnutrition are found among the lower-socio-economic groups and less educated mothers as was suggested by vision 2025. Kinoti (1997) also contributed that among the children under five years of age the rate of malnutrition varies from country to country, in Africa in Zimbabwe it was 12%, cote d Ivoire, Chad, Benin with 35% and 60% in Malawi. He further stated that 13% of African children aged 1-2years are severely malnourished as shown by wasting and 42% of those under 5 years of age are under weight.

According to the 195 UDHS data, 70% of children are exclusively breast fed during the first three months. By the sixth month, about 34% of the children are still exclusively breastfed. The media duration breast feeding was found to be 20 months, while exclusively breastfeeding and full breastfeeding are both about 3 months. The majority of the children do not receive the recommended infant food formula. These include fish, poultry, milk and eggs which contain proteins and other food nutrients. Only 55 of the children in Uganda receive these foods by age 4-5 months and by 10-11 months only 30% receive these foods. It is estimated that 25% of all children below 5 years are under weight, 38 are chronically undernourished and 5 are accutely undernourished.

2.4 Factors influencing malnutrition

Bandarage (1997) highlighted the ignorance of people, the inadequate medical facilities and lack of financial resources of people.
Vision 2025 suggested that maternal nutrition had a part to play in the malnutrition of children, citing that undernourished mothers tend to produce undernourished babies. The 1995 UDHS showed that undernutrition of women accounts for 9.9% of material mortality.

Daville (1966) also added that poverty does not only result into backwardness but affects the children’s health and well being. Children who do not get the kinds of food and live in overcrowd places are victims.

Bandarage (1977) when commenting on high fertility expressed concern about high infant mortality, disease and malnutrition, which he suggested were a reflection of poverty in third world countries.

Vision 2025 however focused much on the rural life of most people in Africa including Kasambya and commended that they have limited aspirations and are usually not focused beyond a subsistence economy and are inefficient users of resource. Their incomes are very low mainly due to their subsistence economy which is grossly undeveloped and unproductive.

Barret (1990) also had his own view stating that a mother who is literate has more opportunity to learn new ideas and more confidence to put them into practice. For the majority of children the most important health care worker is the mother. He added that it was not surprising therefore to find a large body of data establishing that the level of a mothers education is a key determinant of her offspring’s health.

Quite evident from the above citations as follows:
Malnutrition in Kasambya could have been influenced by poverty, attitude, knowledge and level of literacy or would it be by institutional policies concerning child health?
2.5 The present state of government health sector

According to vision 2025, the health service infrastructure includes over 1500 units. Government runs about 60% of these health units. Non-governmental organizations and in particular religious organizations run the rest. Private practitioners operate small clinics. There are also large numbers of traditional healers. Of those who use modern medical outpatient facilities, 40% use government services, 35% use private clinics and 25% non-government services. The report further added that there is poor utilization of government health facilities which reflects low staff moral, lack of equipment and drugs and dilapidated facilities. Even the geographical coverage of these health facilities does not reflect actual needs. Consequently the distribution of these health services is not equitable and their accessibility is poor. In addition many health units do not provide full range of primary health care (PHC).

In the same report the writer stated that in view of the fact that transportation means in rural areas is limited. The majority of the population have to walk to any health unit for medication. Due to poor accessibility of health services, many people resort to self treatment with herbs and drugs purchased from shops (Ministry of health white paper, 1993). The bulk of government health expenditure is currently devoted to curative treatment of mostly preventable problems, hence the need and reorientation of health delivery care in the future to PHC. This was reported by Vision 2025.

Basing on the foregoing literature it could be that malnutrition in Kasambya is due to the following;

- Poor utilization of health facilities
- Health staff have a negative attitude towards the people when educating them about nutrition
- May be there are no drugs in the facilities and other medical equipment
- Distribution of these health services is not equitable and accessibility is poor
Or the dispensary does not have a full range of PHC services particularly child health and nutrition.

Using the above citations the research embarked on the investigation of the factors responsible for child malnutrition in Kasambya with the following major questions:

- To identify the malnourished children in four parishes of Kasambya namely Muyinayina, Kabbo, Kasambya and Bubanda.
- To establish whether occupational and economic factors are responsible for influencing malnutrition in Kasambya.
- Find out if the educational status of parents had any influence on the nutrition of the child. And assess the government role in promoting nutrition in Kasambya.

2.6 Conceptual frame work
Factors influencing nutrition

Of children

Factors such as occupation of parents in particular subsistence farming, which leads low income status will result into children not eating adequate food in its correct nutritious amounts. This will make the children malnourished and if they are malnourished they will be vulnerable to diseases, have a retarded physical and mental growth. This consequently influences their level of educational attainment. Government can not achieve any economic growth and education without education.
3.0 Introduction
This chapter describes the methodology which was used in the study namely; the research design, the population, a sample size and the data collection technique and data analysis.

3.1 Research design
A qualitative, descriptive and observatory design was used in this study to investigate those factors responsible for malnutrition in Kasambya Sub County. The study also utilized observation technique to identify the signs of malnutrition in children.

3.2 Organization of the study
3.2.1 Study area
The area under study was Kasambya sub county which is situated in central region of Uganda, Mubende district. The Sub county is boarded by other sub counties namely, Bugando, Kigezo and Nabingola. Kasambya sub county is located in Buwekula county and has the following parishes Kabbo, Muyinayina, Bubanda and Kasambya. This study area was chosen because being rural and with diverse tribes of people, the researcher thought it would give valid answers for the research problem.

3.2.2 Type of data gathered
The researcher gathered two types of data; on the factors influencing malnutrition of children namely the occupational and economic status, the number of malnourished children, government intervention problems
encountered and strategies laid, primary data was collected from the respondents to the study, secondary data on the same variables was gathered from the already available materials prepared and published by other scholars. Secondary sources included the Uganda Demographic and health survey report (1995). Government project reports such as vision 2025 and newspaper publication. Health data was also utilized from Kasambya health center.

3.3 Data collection

3.3.1 Instrumentation
The researcher constructed one questionnaire to gather information on the number of reported cases of malnutrition and the role the government is playing through the health sector to minimize malnutrition in Kasambya. It was filled in by the medical personnel at the health center. In general the questionnaire had 12 items which were divided into sections. Qualification of the respondent as this could help to ascertain the pay. It also included the grade of facilities, geographical coverage, accessibility and the attendance of the health facility to Government facilitation.

The research also designed an interview guide to use in obtaining relevant information from some families of children. An interview guide was used because of the possibility of coming across illiterate families. Items included in the guide ranged from the background characteristics views about how beneficial is the medical facility, knowledge about nutrition, any cases of malnourished children and knowledge about signs and symptoms of malnutrition.

3.3.2 Procedure
The researcher drafted a questionnaire and an interview guide and tested its reliability and those items he found unsuitable were dropped or modified. Thereafter, with an accompanying letter from the Director of Institute of conuig
and distance studies proceeded to deliver the questionnaires and interview
guides to the respondents.

3.4 Sample and sampling techniques

3.4.1 Target population
The population of interest was that of Kasambya sub county of about 32,000.

3.4.2 Sampling procedure
The study used the Serakan a simplified determination. According to serakan the
population yields a sample size of 370 respondents. This was still too high. It
was reduced to 50 because of the shortage of time which the researcher had.
The researcher employed random sample selection technique since each family
had almost similar characteristics.

3.5 Data analysis
Qualitative data collected during the research was first scored then coded and
fed into the computer for analysis. It was afterwards turned into frequency
tables and run in order to analyze the responses.
CHAPTER FOUR
PRESENTATION OF DATA, ANALYSIS, DISCUSSION AND RECOMMENDATION

4.0 Introduction
The purpose of this study was to investigate factors responsible for malnutrition of children in Kasambya. In this chapter the findings from the data collected is presented, analyzed and interpreted using descriptive method. The following are investigated;
- How serious is the problem of malnutrition of children in Kasambya.
- Does the occupation and economic status of parents have any influence on the nutrition status of children
- Is it the level of education of parents that is responsible for their malnutrition.
- What role does the government play in preventing malnutrition.

4.1.1 The rate of malnutrition in Kasambya sub county
The researcher’s intention was to establish the approximate number of children in Sub County. Records from Kasambya dispensary were used to obtain statistics on the problem. The table below shows the total number of malnourished children as reported to the dispensary by parishes between June 2005 and April 2007.

<table>
<thead>
<tr>
<th>Parish</th>
<th>Malnourished children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mabanda</td>
<td>54</td>
</tr>
<tr>
<td>Kasambya</td>
<td>43</td>
</tr>
<tr>
<td>Kabbo</td>
<td>64</td>
</tr>
<tr>
<td>Muyinayina</td>
<td>78</td>
</tr>
<tr>
<td>Total</td>
<td>239</td>
</tr>
</tbody>
</table>

Source: Kasambya dispensary

Quite evident from the above table is that Muyinayina had the highest cases of malnutrition with 78 children, followed by Kabbo with 64, Mabanda had 54 and
43 Kasambya. 239 cases of malnutrition are quite high for just a sub county. This justifies the views Kinoti (1997), Bandarage (1997), Vision 20025 that malnutrition is prevalent in vital settings. This however is not enough to confirm the findings because these were just records of the reported cases in the clinic. There are those cases that have not been reported to the health facility either due to lack of awareness.

4.1.2 Occupation and nutrition of children
The study endeavored to establish the source of livelihood of the respondents.

Table 2: Shows percentage distribution of respondents

<table>
<thead>
<tr>
<th>Occupational status</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals</td>
<td>03</td>
</tr>
<tr>
<td>Non professionals</td>
<td>04</td>
</tr>
<tr>
<td>Peasants</td>
<td>24</td>
</tr>
<tr>
<td>Unemployed</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
</tr>
</tbody>
</table>

Four categories were shown in the classification namely;

**Professionals** whose occupation required a high level of professional and technical skills, knowledge and experience for example teachers, lawyers, technicians, legislators and others.

**Non professionals** included respondents whose occupation knowledge and skills to provide goods and services in the field of business public and private enterprises for example liquor sellers, charcoal sellers.

**The peasants** included respondents who require knowledge and skills necessary to produce farm, forestry and fishery products for example crop cultivation, poultry farming, piggery.
The unemployed were those respondents who reported that apart from house work they did not have any occupation.

Findings in table 2 showed that peasantry and its related activities have the highest percentage in the occupation of the people. This sets favourable conditions for malnutrition as had been cited in vision 2025, Bandarage (1997)

4.1.3 Economic status of parents and nutrition
The research, due to limited time observed the following as he visited the homes of respondents; the type of residence they were living in, their general appearance, the presence of livestock and poultry, the presence of electronics such as radio, television and the ownership of land and vehicles or motorcycles. After the exercise the researcher observed that out of the 49 respondents 24 had semi permanent houses made of mud and wattle. 30 possessed bicycles, 7 had motorcycles, 2 had vehicles. Such observations show that indeed the people in Kasambya are living a typical rural life with a low income. This sets a condition for malnutrition of children.

4.1.4 Educational attainment and malnutrition
Education has been found to be positively related to knowledge and attitude towards the need to proper nutrition of children (UDHS, 2000-2002).
Table 3: Distribution of respondents according to their levels of education

<table>
<thead>
<tr>
<th>Educational attainment</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never attended</td>
<td>08</td>
<td>16%</td>
</tr>
<tr>
<td>Primary</td>
<td>23</td>
<td>46%</td>
</tr>
<tr>
<td>Post primary</td>
<td>17</td>
<td>34%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100%</td>
</tr>
</tbody>
</table>

Out of the fifty respondents interviewed, it was discovered that 08 of them had not attended school at all, 23 had attended up to primary level, 17 had post primary, with only 2 having tertiary education. This shows that since a great number of the respondents had basic education, they are aware of the nutrition habits.

4.1.5 Knowledge about nutrition and malnutrition

The researcher asked the respondents whether they knew something about malnutrition.

Table 4: Shows percentage distribution of respondents according to their knowledge about malnutrition or nutrition

<table>
<thead>
<tr>
<th>Knowledge of nutrition</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had of</td>
<td>38</td>
<td>76</td>
</tr>
<tr>
<td>Never had of</td>
<td>12</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>
Out of the 50 respondents 76% of them had an idea about malnutrition, 24 were not aware of malnutrition. But a question that came to the researchers’ mind was whether they really followed the rules on nutrition because the reported cases of malnutrition were too high.

### 4.1.6 Observation of nutrition
To find out whether the parents were able to provide a balanced diet some questions were asked.

**Table 5: Show the distribution of respondents about the practice of nutrition habits**

<table>
<thead>
<tr>
<th>Type of meals served to learners</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbohydrates, proteins, vitamins roughages</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Carbohydrates only</td>
<td>09</td>
<td>14</td>
</tr>
<tr>
<td>Carbohydrates + proteins</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Carbohydrates + vitamins</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

The respondents named the food stuffs served to their families. These were grouped according to the classes of food. It was discovered that out of the 50 respondents, only 22% provided a balanced diet to their families, while 14 gave carbohydrates only (rice), 32% served carbohydrates and proteins and 28% served vitamins with carbohydrates. This shows that majority of the parents did not provide to their children a balanced diet. It revealed that much as these parents had an idea about a balanced diet they did not put it into practice. Could this be partly because of poverty?
4.1.7 Number of meals served to the family
The study endeavored to establish the number of meals served per day.

Table 6: Shows the percentage distribution of respondents according to number of meals served a day.

<table>
<thead>
<tr>
<th>Number of meals served in a day</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>07</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>2</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>1</td>
<td>06</td>
<td>12</td>
</tr>
<tr>
<td>Not sure of any meal</td>
<td>01</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Quite evident from the above analysis is that majority of the people in Kasambya serve their families with less calories of food in terms of the number of times they eat food. 34% served only 2 meals. 30 served at least 3 meals. 145 served 4 meals, 8% served all the recommended meals, 2% almost served nothing to their families. This clearly shows that over 50% of the Kasambya children do not receive a balanced diet.

4.1.8 Why parents do not provide a balanced diet to their children
The researcher also wanted to establish why some respondents were not giving a balanced diet to their children.
Table 7: Shows the distribution of respondents according to the provision of adequate food to children

<table>
<thead>
<tr>
<th>Why less than 3 meals are served</th>
<th>Frequency</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can not afford</td>
<td>15</td>
<td>30</td>
</tr>
<tr>
<td>Were not aware that it was important</td>
<td>16</td>
<td>32</td>
</tr>
<tr>
<td>Too busy to cook</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Not important</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>100</td>
</tr>
</tbody>
</table>

Basing on the above findings, out of the 50 respondents majority were not aware that it was important to serve up to as five meals to children with 32%, 30% said these meals were too expensive for them, 26% rubbished the five times that it was not important, the 5% were too busy. The picture got here was 68% of the respondents did not know how important a balanced diet was to the livelihood of their families. 30% of those who can not afford show the effects of poverty.

4.1.9 Source of nutrition information
In order to establish why majority knew little about a balanced diet the researcher asked questions to find out where they got the information from?
Findings show that primary education contributed much about the basic knowledge of a balanced diet, relatives and friends also helped to disseminate the information with 29%, 14% of respondents listened to the radios, watched televisions and read Newspapers to get the information, the medical personnel also contributed 14% of the knowledge. This has a number of implications about awareness of the population about nutrition. It shows the ineffectiveness of the dispensary to sensitize the population. It also shows the low economic status of the population to afford media, it however highlights the significant role of education in sensitization and empowerment of people.

4.1.10 The role of the government through the health sector in preventing malnutrition
Questions were asked to extract vital information about nutrition from the dispensary. The following are the findings.
4.1.11 How often does the health sector sensitize people about proper feeding?
The finding about whether the dispensary was actually playing its part in educating the population about proper nutrition. The medical personnel suggested they sensitized twice a year and in case of those affected with malnutrition, the information was available at the dispensary. Twice a year was not enough and it is indeed not proper to wait for the problem to come and then carry out sensitization.

4.1.12 Problems faced by the medical personnel when carrying out their duties
The medical officer highlighted the following;
• There are a few workers to carry out this task.
• Government funding was indeed too low to facilitate the task.
• The attitude of people was bad and they were too ignorant to learn.
• Many people did not visit the clinic for various reasons such as distance superstitions.

4.2 FINDINGS AND DISCUSSIONS
The study attempted to investigate the factors responsible for malnutrition of children in Kasambya. Four questions were asked and the initial stage of the study as follows;
• What is the rate of malnutrition in Kasambya?
• Does the economic and occupational status of parents influence nutrition?
• Does educational attainment of parents influence nutrition?
• What role has government played in preventing malnutrition?
The following section answers the above questions

4.2.1 The rate of malnutrition in Kasambya
Findings show that the rate of malnutrition is fairly high. 239 cases have been reported between June 2006-2007. This finding confirms the concern which
government run in the Monitor newspaper expressing high malnutrition in Uganda. It is also in line with what Vision 2025, and George Kinoti (1997) cited in their publications that malnutrition is high in third world countries.

4.2.3 The influence of economic and occupational status of parents on nutrition

Results from the study indicate that there is a relationship between the type of occupation and level of income with nutrition. Most residents in Kasambya were peasants and their produce was purely subsistence and proved not to be enough for the whole family, whose other diverse needs had to be met by selling off the produce. According to what was observed most families had little possessions. Their residences ranged from huts to iron roofed houses but made of mud, an indication of low socio-economic status. This confirms George Kinoti’s explanation that malnutrition, poor living housing, hunger and disease all reflect poverty. It also agrees with Vision 2025 suggestion that rural people have low aspirations.

4.2.4 The influence of educational attainment on nutrition of children

Findings show that 46% of the population had basic education which could enable them to read information about proper feeding. This could have been good but surprisingly majority knew little about nutrition. This agrees with the citation from UDHS (2000-2002). However basic educations need to be supplemented with sensitization. In other words the people of Kasambya know little about malnutrition.

It was also discovered that the little knowledge they had was distorted to enable them practice proper nutrition.

4.2.5 Government role through the health sector to prevent malnutrition

It was discovered that there is poor facilitation of child health and nutrition programmes by government.
Secondly the people were abit reluctant to access the available health facility because of it being inaccessible.

4.3 CONCLUSION
Nutrition is indeed vital for survival of any society. A sick society is a sick economy. For as long as malnutrition prevails in Kasambya community all the development strategies will never be realized. Secondly, a subsistence type of occupation cannot adequately raise the people’s standards of living. Low aspirations do not permit individuals to make meaningful decisions in life. Thirdly, government is indeed overwhelmed with expenditure but if it is to avoid over expenditure in future, there is need to invest in nutrition and child health.

4.4 RECOMMENDATIONS
In view of the findings, it is now possible to recommend some policies which may help to prevent malnutrition.
There is need to intensify the plan for modernization of agriculture as a way of increasing income and therefore standard of living for the people in Kasambya.

Government must monitor and promote protein energy nutrition among the children, support breast feeding, initiate micro-nutrient deficiency prevention and control measures (in particular targeted to vitamin A deficiency and Iodine Deficiency Disorders).
There must be increased efforts in public health care and steps have to be taken towards laying greater emphasis in preventive measures.
Health education taught in primary schools has to be upgraded to included details of nutrition other than providing the basis.
REFERENCES


Davillel (1966). *An Introduction to psychology* Longman Publishers

George Kinot and Peter Kimuyu (1997). *Vision for a Bright Africa.* Facing the challenges of development. IFES Anglophone Africa


Republic of Uganda (2001). *The Uganda Demographic an health survey*


APPENDICES

Appendix I: Questionnaire

1. Names (s)
2. Age
3. Position in the Dispensary
4. Qualification
5. For how long have you worked here
6. How do you find your job
7. What roles do you play in this dispensary
8. How many cases of malnutrition have you recorded since 2006
   How serious were the cases
9. What are some of the measures are putting into place to fight malnutrition
10. How many times have you organized public workshops to sensitize the rural community
    If less than twice a year, state reasons why
    What advise would you give to government to help fight malnutrition
Appendix II: Interview guide

Background characteristics

Name ..........................................................................................................................................
Position held in home ..............................................................................................................
Date of birth ..........................................................................................................................

Education

Have you ever attended school? Yes ☐ No ☐
What is your highest level of education?
Primary ☐
Post primary ☐
Tertiary ☐
Never attended ☐

Occupation

What is your occupation?
Peasant ☐
Trader ☐
Teacher ☐
Carpenter ☐
Builder ☐
Casual labourer ☐
Politician ☐
Mechanic ☐
Driver ☐
Lawyer ☐
Unemployed ☐

Knowledge

Do you know anything about nutrition malnutrition?
Yes ☐ No ☐
What do you know?

Have you ever a child suffering from malnutrition?
Yes  No

What food stuff do you serve to your children?
Carbohydrates  Vitamins
Proteins  Roughages

How many times do provide meals to your children?
One  Two  Three  Four  Five

If less than 3 why do you serve fewer meals to your children?

How often do you take your children to the dispensary for checkup?

How are the services in the clinic?

..............................................................