

# **Childcare Practices, Nutrition Status and Morbidity Prevalence of Underfives Among Internally Displaced Persons in Kieni Forest, Gatundu District**

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Undernutrition in children continues to be a major challenge globally and in developing countries. In Kenya, the burden of undernutrition is being felt and nutrition status trends have been deteriorating. Likewise, underfive mortality rates are increasing due to poor childcare practices resulting from unsuitable infant and young child feeding practices and inappropriate health care practices. People living in Internally Displaced Persons (IDPs) Camps are faced with practical challenges which hinder good childcare practices yet the Kenyan Government and other agencies find it hard to provide minimum standards of water, food, shelter and health services as stipulated in the Humanitarian charter. The aim of the study was to determine the demographic and socioeconomic characteristics of households as well as childcare practices among IDPs in Kieni Forest. Assessment of morbidity and nutrition status of underfives was done. A cross-sectional analytical design was used to investigate the relationship between childcare practices, morbidity prevalence and nutrition of underfives. The study site was purposively selected and a comprehensive sample of 168 children used for the study. Data was collected using structured questionnaire, an interview schedule guide, observation checklists and Focus Group Discussions Guides. The Statistical Package for Social Sciences (SPSS) version 11.5 was used to analyze data while ENA for SMART (2010) analyzed anthropometric data. Chi-square test was used to describe the relationship between categorical variables while Pearson product moment described the relationship of non categorical variables. Multiple regression was used to predict nutrition outcome of underfives in Kieni. The mean number of underfive per household was  $1.5 \pm 0.6$  while household size was  $4.6 \pm 1.2$ . About 60 % of the caregivers were married while 18.5% were separated. The main occupation (65.5%) of the caregivers was casual labour. Majority (70%) of the households earned below Kshs 4000 per month. Mothers were the principal caregivers (88.7%) though use of informal daycare centres (27%) was common. Children in custody of minors were 10.3% while significant proportion of children (34.2%) was unattended. Children were universally breastfed at birth with 65.1% initiated to breastmilk within recommended first hour of life while bottle feeding rates were 73%. Only 28% of the children achieved minimum dietary diversity. Morbidity prevalence was 71% with Acute Respiratory Infections (63.1%), Malaria, (23.2%), skin diseases (14.3%) and diarrhoea (11.3%) as major diseases yet only half of caregivers sought treatment timely. The prevalence of wasting was 2.6%, underweight 14.9% and stunting at 35.9%. Stunting was higher than national rates and in girls than in boys (38.3% vs. 33.3%) though the difference was insignificant ( $p > 0.05$ ). Dietary diversity and deworming were significantly ( $p < 0.05$ ) related to nutrition status (underweight) of underfives. The predictors of nutrition status of children were deworming [OR, 5.43,  $P=0.003$ ] and household income [OR, 1.0,  $P=0.011$ ]. Overall, care practices and complementary feeding practices were

inadequate while sanitation was poor. Thus, public health measures should be promptly addressed alongside continuous community outreaches to enhance accessibility of health services and promotion of health. Similar research should be replicated in other sites especially on efficacy of nutrition services in care centres.