

Risk factors associated with morbidity status of pre-school children in Mukuru slums, Nairobi, Kenya

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Children have the right to a caring, protective environment and to nutritious food and basic health care to protect them from illness and, promote growth and development. Despite numerous health interventions in developing countries, the health status of children under five years has continued to deteriorate. In Kenya, children in slum areas have lower survival rates compared to their counterparts in other parts of the country. The high prevalence of common childhood illnesses is a critical issue for slum children. The purpose of the study was to determine risk factors associated with morbidity status of the pre school children in Mukuru slums, Nairobi. The study employed a descriptive cross sectional survey research design. The study population included the caregivers with pre school children aged between two to five years. Simple random sampling was used to obtain four villages of study and to choose the households with children aged two to five years. For each selected household, a pre school child and the caregiver was purposively sampled. Pre-tested questionnaires were used to collect data. Food frequency questionnaire and 24-hour food recall was used for dietary assessment. Anthropometric measurements were taken to determine the nutritional status of the pre-school children. Data was coded, entered and analyzed using Statistical Package for Social Sciences programme. Nutri Survey computer program was used to calculate anthropometric indices and for 24-hour recall analysis. The results of the study indicated a high morbidity burden of 69.2% among pre school children. The findings further revealed a poor nutritional status of pre school children with 21%, 9% and 29.6% being underweight, wasted and stunted respectively. Dietary assessments disclosed that most of the children did not meet Recommended Dietary Allowance (RDA) for kilocalories, iron, calcium, vitamin A and vitamin C. However, RDA for proteins was fairly met. Some of the risk factors that were found to be associated with the morbidity status of pre school children included high prevalence of under nutrition, inadequate intake of vitamin C and A, discontinuation of growth monitoring once the children attained age of nine months, partial immunization, lack of access to safe drinking water, inadequate water for domestic use, inadequate sanitary facilities and lack of basic health care during illness. Ministry of Health should sensitize the caregivers of pre school children on health benefits of having the children fully immunized, seeking health care during illness, routine growth monitoring and treating drinking water. Awareness on affordable local foods rich in essential nutrients for pre school children should be done by health and nutritional professionals. Health care services should be made accessible by the government to the pre school children in the urban slums. The City Council of Nairobi should ensure provision of adequate water, healthy sanitation, drainage and proper waste disposal systems in the slums. The findings of this study provide useful information

to the policy makers involved in child health programmes to formulate strategies that seek to address the problem of high child morbidity in the slums.