

**ASSESSING THE RELATIONSHIP OF CAREGIVERS' KNOWLEDGE,  
ATTITUDES AND PRACTICES WITH THE NUTRITION STATUS OF THEIR  
UNDER FIVE YEAR CHILDREN IN NAKAPIRIPIT DISTRICT-UGANDA**

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## **DECLARATION**

I, Martin Ngolobe hereby declare that to the best of my knowledge, the work presented in this thesis has not been presented to any institution either in total or partiality for any academic award, publication, or other use. The works here in are original. Appropriate references have been given where the works of others are quoted.

I hereby present it in partial fulfilment for the award of Master of Science Degree in Public Health of Makerere University.

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## **APPROVAL**

This thesis/report has been submitted for examination with my full approval as a supervisor

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## **DEDICATION**

This thesis /report is dedicated to all the caregivers in Namalu, Loregae, Nakapiripirit Town Council and Kakomongole sub-counties in Nakapiripirit district who participated in the study. Dedication also to the research assistants (Peter Elelu- Team Leader, Milly, Agnes Longole, Jean Longole, Sandra and others) for the time they put in to collect the data and its entry into the software.

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## **LIST OF ACRONYMS AND ABBREVIATIONS**

ACF	Action Against Hunger
ADRA	Advent Relief Agency
ARI	Acute Respiratory Infection
CDD	Community Driven development
CRC	Convention on the Rights of Children
CTC	Community-Based Therapeutic Care
DHT	District Health Team
DPT-HIB	Diptheria, Pertussis Tetanus
FAO	Food and Agricultural Organisation
FHD	Family Health Days
FGD	Focus group Discussion
GAM	Global Acute Malnutrition
GMP	Growth Monitoring promotion
HDI	Human Development Index
HIV	Human Immuno Virus
HSD	Health Sub-District
HSIP	Health Sector Investment Plan
iCCM	Integrated Community Case Management
IEC	Information education and Communication
ID	Iron D Deficiency
IDA	Iron Deficiency Anemia
IGA	Income Generating activity
IMAM	Integrated Management of Acute Malnutrition
IPC	Integrated Food security Phase Classification

IRC	International Rescue Committee
ITC	In-patient Treatment Center
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitude and Practice
LRA	Lord's Resistance Army
MOH	Ministry of Health
MNH	Maternal Newborn Health
MPH	Master of Public Health
MUAC	Mid Upper Arm Circumference
MUSPH	Makerere University School of public Health
NUSAF	Northern Uganda Social Action Fund
OTC	Out-patient Treatment Center
RUTF	Ready to Use Therapeutic Feeds
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Program
UDHS	Uganda Demographic Health Survey
UN	United Nations
UNCST	Uganda National Council for Science and Technology
UNDP's	United Nations Development Program
UNICEF	United Nations International Children's Education Fund
VHT	Village Health Team
VIP	Ventilated Improved Pit latrine
WASH	Water and Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

## **Operational Definitions:**

Caregiver:	An adult person who has the principal responsibility for caring for a child under five years of age (6-59 months) in the home setting and has been caregiving to the child/ren for at least two weeks prior to the study
Care giving	In this study, caregiving was referred to as provision of feeds, ensuring good health for the child including hygiene and sanitation.
Nutrition:	Also referred to as nourishment in simple terms is the provision, to cells or the body materials necessary (in the form of food) to support life
Malnutrition:	The result of deficiency of protein, energy, minerals as well as vitamins leading to loss of body fats and muscle tissues. In addition, malnourished people will find difficulty doing normal things such as growing and resisting disease. Physical work also becomes problematic and learning abilities can be diminished. For women, pregnancy becomes risky and they cannot be sure of producing nourishing breast milk.
Food security	Food Security means that all people at all times have physical & economic access to adequate amounts of nutritious, safe, and culturally appropriate foods, which are produced in an environmentally sustainable and socially just manner, and that people are able to make informed decisions about their food choices.
Livelihood	Means/ways of making a living. It involves people's capabilities, assets, income and activities required to secure the necessities of life. A livelihood is sustainable when it enables people to cope with and

recover from shocks and stresses (such as natural disasters and economic or social upheavals) and enhance their well-being and that of future generations without undermining the natural environment or resource base.

Health services

These are the most visible functions of any health system, both to users and the general public. They include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health.

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## ABSTRACT

### **Introduction:**

Karamoja region a home of about 1.0 million Karamojong people (UBOS 2014) has high prevalence of malnutrition among children under 5 years of age. In Nakapiripirit district alone, malnutrition is responsible for quarter of the in-patient monthly admissions at the health facilities (HMIS 2012). Although efforts to control malnutrition have been ongoing since 2007 through various partners, acute malnutrition levels in the study area have persistently remained high over the years. This study aimed at assessing the relationships between KAP of caregivers and the nutrition status of U5 (6- 59 months) children in Nakapiripirit district.

### **Methods:**

A cross sectional study design employing both quantitative and qualitative methods of data collection was used. The target population were caregivers to U5 (6- 59 months) children. A total of 273 caregivers were interviewed in 273 households that were selected by simple random sampling. Qualitative data was collected using FGD guides, KII guides and observation check lists while quantitative data was collected using semi structured questionnaires. Using SPSS, frequency distribution tables, graphs and cross tabulations were drawn and a logistic regression analysis, reporting Odds Ratios (OR) and confidence intervals (CI) were used to determine the levels of association and inferred statistical significance.

### **Results:**

The study results showed GAM and SAM levels of 6.3% and 0.8% respectively. A third of caregivers (36.3%) had at least one malnourished child while those with two or more children U5 years had a high likelihood of having malnourished children [Adjusted OR= 1.8, 95% CI (1.04-3.29, p-value of 0.037)]. It was also observed that 62.3% of these caregivers never knew the right weaning age. Additionally, households whose caregiver never knew the five critical hand washing moments, were two and a half times more at risk of having a malnourished

child as compared to those who knew the critical hand washing moments [Adjusted OR= 2.6, 95% CI (1.02- 6.54),p-value, 0.04].

### **Conclusion and Recommendations:**

This study has demonstrated that 36% of the caregivers had at least one malnourished child in Nakapiripirit District. Malnutrition was more prominent among caregivers who had more than two children under 5 years, were weaning at wrong age and who never knew the critical hand washing times. These results indicate that nutrition programmes should maintain focus on educating caregivers on the importance of weaning a child at the right age, observation of critical hand washing, proper hygiene and sanitation, and family planning (spacing) in order to reduce malnutrition in Karamoja region.