



INFLUENCE OF FAMILY SIZE, HOUSEHOLD FOOD SECURITY STATUS AND CHILD CARE PRACTICES ON THE NUTRITIONAL STATUS OF UNDER-FIVE CHILDREN IN ILE-IFE, NIGERIA.

BY

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OUTLINE

- BACKGROUND
- METHODOLOGY
- RESULTS
- KEY FINDINGS
- CONCLUSION AND RECOMMENDATION
- ETHICAL CONSIDERATION
- ACKNOWLEDGEMENT



BACKGROUND

- Fertility pattern and reproductive behaviours affect infant health.
- Nigeria has high fertility rate: 5.6 (5.2 S. West to 6 in N. West)
- Household food insecurity and poor care practices also place the children at risk of morbidity and mortality.
- Protein-energy malnutrition among under-five children is a public health problem in Nigeria.



OBJECTIVES

- assess the nutritional status and the care practices of under-five children.
- determine the household food security status
- identify the influence of family size and other factors on the nutritional status of under-five children in Ile-Ife, Nigeria.



METHODOLOGY

- **Study Location**

- The study was conducted in Ife Central Local Government Area, Ile – Ife, Nigeria

- **Study Design**

- The study employed a descriptive cross- sectional survey.

- Study Population**

- All households with at least one under-five child in Ife Central Local Government Area were eligible.

- **Target population**

- mothers of under-five children and their children.



METHODOLOGY

- **Sample Size Determination**
- Using the formula for estimating single proportions as described in Galilinger and Abramson.
- $n = p(1-p) \times [Z_x/d]^2$
 - n = Minimum Sample Size
 - Z_x = Standard normal deviate, usually set at 1.96, which corresponds to the 95% confidence level.
 - P = Proportion in the target population estimated to have a particular characteristic. There was no reasonable estimate, hence 50% (0.5) was used.
 - d = Degree of accuracy desired or maximum allowable margin of error. It was set at 5% (0.05)
 - $n = [0.5 \times (1-0.5)] \times 1.96^2 / 0.05^2 = 384.16$
 - Considering 10% non-response rate this was increased to 423.



METHODOLOGY

- **Sampling Technique**
 - multi- stage random sampling technique.
- **Data Collection**
 - Ife Central Local Government consists of 405 enumeration areas (EAs).
 - Ten percent of EAs were selected through a random sampling procedure.
 - From all selected EAs, houses were selected from the streets through a random sampling technique.
 - Among others, the instrument measured socio-demographic variables, household characteristics, child care practice and household food insecurity (USDA Household Food Security Questionnaire Module).
 - The anthropometric measurement was used to compute the three summary indices of nutritional status.
- **Data Analysis**
 - Epi info version 6.04c
 - SPSS version 11.0.



RESULTS

PARENTAL CHARACTERISTICS

- About Sixty percent of the mothers were within the ages 25-34years.
- Majority (94.2%) of the mothers were married.
- About half (49.5%) of fathers had completed post secondary school education while 4% of them had no formal education.
- One hundred and fifty four (37%) mothers had completed post secondary school education.
- About forty three percent of the mothers were traders.
- Less than 10% of both parents were professionals.
- There were more civil/public servants among the fathers (19.2%) than the mothers (9.2%).



Table 1: Household Characteristics of the Respondents

VARIABLE N=412	N	%	VARIABLE N=412	N	%
Place of residence			Source of water		
Urban	330	80.1	Tap in house	70	17.0
Rural	82	19.9	Public tap	14	3.4
House lived			Tanker or vendor	4	1.0
Owned	70	17.0	Well	230	55.8
Rented	310	75.2	Borehole	56	13.6
Free	30	7.3	Streams	24	5.8
No response	2	0.5	No Response	14	3.4
Family size			Sanitation facilities		
≤ 6	376	91.3	Water closet	198	48.1
>6	24	5.8	Latrine	166	40.3
No Response	12	2.9	Open field	44	10.7
No of U5 children			No Response	4	1.0
≤2	402	97.6			
>2	4	1.0			
No Response	6	1.5			



RESULTS CONTD

CHARACTERISTICS OF UNDER-FIVE CHILDREN.

- Forty nine percent of the children were delivered in government health facility,.
- Eighteen (4.4 %) were low birth weight babies (<2.5kg).
- Majority (71.4%) of the children had received all the appropriate vaccinations for their age.
- Nearly all (99.5%) of the children were breastfed.
- About 81% of the these children were exclusively breastfed for the first 6 months of life.
- Children's feeding pattern based on mothers' 72 hours dietary recall leaned towards energy giving food (45%).
 - body building food were also offered regularly (37%)
 - protective food were offered sparingly (8.24%).



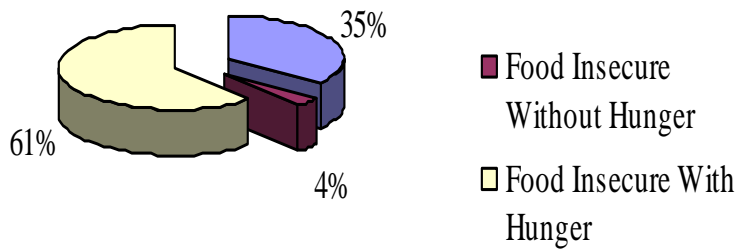
Table 2: Nutritional Status of Under-five Children in Ife Central Local Government Area according to Age.

Age group (months)	No	Stunted No(%)	Wasted No(%)	Underweight No(%)
6-11	90	46(51.1)	-	6(6.7)
12-17	66	28(42.4)	4 (6.1)	8(12.1)
18-23	42	24(57.1)	4 (9.5)	6(14.3)
24-29	60	16(26.7)	4 (6.7)	12(20.0)
30-35	42	20(47.6)	6 (14.3)	6(14.3)
36-Above	112	26(25.0)	8 (7.1)	20(17.9)
Overall	412	162(39.3)	26(6.3)	58(14.1)

Stunting-Height-for-age-<-2zscore; **Wasting**-Weight-for-height-<-2zscore; **Underweight**-Weight-for-age<-2zscore.



Fig 1: Household Food Security Status



		(2.32) ^{*/}	(4.56) ^{*/}	(6.53) ^{*/}
		Food Insecure:		
Food Secure	Food Insecure Without Hunger	Food Insecure With Hunger:		
		(less severe) "Moderate"	(more severe) "Severe"	

Household Food Security Status -- *categorical measure*



KEY FINDINGS

Table 3: Factor Influencing Nutritional status of the Under-children

Variables	No	Stunted No(%)	Wasted No(%)	Underweight No(%)
>2 Under-five child.	4	-	-	2(50)*
>6 Household memb.	24	4 (16.1)	-	6(25)
<2.5kg Birth Weight	18	8(44.4)	-	6(33.3)*
Food Insure househ.	268	112(41.8)	24(9.0)*	12(17.2)*
Mother skip meal	208	100(48.1)*	14(6.7)	32(15.4)
Child skip meal	36	18(50)	8(22.2)*	14(38.9)*
Food secure househ.	144	50(34.7)	2(1.4)	12(8.3)
< 6mo Excl. BF	80	40(50)*	4(5)	16(20)
Complementary food not prepared sep.	126	58(46)*	8(6.3)	18(14.3)

*p<0.05 (statistically significant)



CONCLUSION AND RECOMMENDATION

- The prevalence of food insecurity among households in Ile-Ife was high. Households with large family size, food insecurity and have poor child care practices were more likely to have malnourished children.
- The result of this work could inform programme and policy development to advocate for limiting family size, improve both food security and child survival in Nigeria.



ETHICAL CONSIDERATION

- This research work was approved by Ethical Committee of Obafemi Awolowo University, Teaching Hospitals Complex, Ile-Ife and local government board of Ife Central Local Government.



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THANK YOU

FOR LISTENING

