

**THE IMPACT OF SOCIO-ECONOMIC FACTORS ON MALNUTRITION IN
CHILDREN UNDER THE AGE OF FIVE IN NAMA SUB COUNTY MUKONO
DISTRICT**

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DECLARATION

I KASOBYA KEVIN present this research as, true to the best of my knowledge and belief, original except as acknowledged in the text. I hereby declare that it is with my effort that I have carried out research on "THE IMPACT OF SOCIO-ECONOMIC FACTORS ON MALNUTRITION IN CHILDREN UNDER THE AGE OF FIVE IN NAMA SUBCOUNTY, MUKONO DISTRICT" and it has never been submitted, either in full or in part, to any academic institution of higher learning for any academic award.

Signature:  Date: 21st / 9 / 2024

APPROVAL

This is to certify that this research of **KASOBYA KEVIN** titled “The impact of socio-economic factors on malnutrition in children under the age of five in Nama Subcounty, Mukono District ” has been carried out under my supervision and guidance and is now ready for submission to the school of social sciences for examination.

Nabasumba Sylvia

(Academic supervisor)

Signature: Date: 19/9/2024



DEDICATION

I dedicate this research to the Almighty God, the redeemer of my soul, who carried me through this research process. To my family and friends for their unwavering belief in me, encouraging me to persevere. And finally, to my classmates who shared their words of advice and encouragement, enabling me to complete this dissertation.

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TABLE OF CONTENTS

DECLARATION.....	i
APPROVAL	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS	v
ABSTRACT	viii
CHAPTER ONE	1
1.0 Introduction.....	1
1.1 Background to the study.....	1
1.2 Statement of the problem.....	2
1.3 Main Objective of the Study	2
1.3.1 Objectives of the Study.....	2
1.4.0 Scope of the study	3
1.4.1 Subject Scope	3
1.4.2 Geographical Scope	3
1.4.3 Time scope	4
1.5.0 Significance of the study.....	4
1.5.1 Significance to the Researcher:	4
1.6 Conceptual framework.	5
CHAPTER TWO	8
LITERATURE REVIEW	8
2.0. Introduction.....	8
2.1 Assessing the Impact of Economic Factors on Childhood Malnutrition.	8
2.3 Examining the Effect of Social demographic factors on Malnutrition in Children Under the age of five.	9
2.4 Evaluating the Influence of community factors on the Nutritional Status of Children Under the age of five.	11
CHAPTER THREE	14
RESEARCH METHODOLOGY	14
3.0 Introduction.....	14
3.1 Research Approach.....	14
3.2 Research Design	14

3.3 Research Area/Size	14
3.4 Study Population and Sampling	15
3.4.1 Study Population (Target Population).....	15
3.4.2 Sample Size and Sample Distribution	15
3.4.3 Sampling Methods	16
3.5 Data Collection Methods and Instruments/Tools	16
3.5.1 Data Collection Methods	17
3.5.2 Questionnaire guide	17
3.5.3 Interview guide.	17
3.5.4 Quality Control	18
3.5.5 Validity	18
3.5.6 Reliability.....	18
3.5.7 Research Procedure.....	19
CHAPTER FOUR	21
DATA ANALYSIS, INTERPRETATION AND PRESENTATION	21
4.1 Introduction.....	21
4.2 Demographic information:.....	21
4.2.3 Age of the respondents	22
4.2.3 Education Level of the Respondents	23
4.2.4 Category of respondents:	23
4.2.5 For how long have you lived in Nama Sub-county?	24
4.3 Presentations of the research findings as per the research objectives.....	24
4.3.1 To examine the effect of social factors on malnutrition in children under five in Nama Subcounty, Mukono District.....	24
4.3.2 The effect of economic factors on malnutrition among children under the age of five in Nama Sub county, Mukono District?	28
4.3.2 The influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono District?	31
4.3.3 The nutritional Status of Children Under Five?.....	34
CHAPTER FIVE.....	39
DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS.....	39
5.0 Introduction.....	39
5.1 Discussion of finding	39

5.1.1 The effect of social factors on malnutrition in children under five in Nama Sub County, Mukono District.	39
5.1.2 The effect of economic factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District.	39
5.1.3 The influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono District.	40
5.3 Recommendations	42
5.3.1 Recommendations for policy Makers.	42
5.3.2 Recommendations for further studies	43
APPENDIX.....	44
Appendix I: Study Questionnaire For Households.	44
.....	50
References.....	51

ABSTRACT

This study evaluates how changes in children's social status affect malnutrition degrees among children under 5 years old in Nama Subcounty, Mukono District, Uganda. Its goal is to cover this lacuna of local knowledge with knowledge of the factors specific to the society, culture and community that encourage seriously high rates among malnourished children in these rural communities. Research objectives include evaluating the impact of social factors (parental education, social support network); economic variables income level and employment status assessment as well as household assets; and finally culture related resources from local people including even everyday actions which impact a child's nutrition status as all of these together will decide whether we have healthy kids in Nama Subcounty who grow up well or not at all.

This approach combined methods, including quantitative research based on household surveys. Qualitative insights came from the in depth interviews with (the) family members filled out their children's health records and health workers. Qualitative insights came from those interviews and supplemented quantitative research based on household surveys. The study showed that socio-economic factors have a significant influence on child malnutrition. Low maternal education and lack of social support are associated with high levels of malnutrition in children under 5 years. The inability to obtain a reliable source of diverse, nutritional food and essential health care because of economic constraints (i.e, low income, jobless) had a significant impact on malnutrition. Community-level influences Cultural practices and of public health infrastructure availability also heavily influenced the outcome of children nutrition sheath.

The research highlights the importance of adding social intervention to health measures starting at the grassroots level against disparity in wealth, health programs for the population, and culturally-supportive food education. These measures are called on the public to take in response to conclusions from research in Nama Subcounty on child malnutrition. Recommendations for future policy include searching for ways to strengthen out-of-home grouping costs vulnerable families of wealth, working to build public health infrastructures, and encouraging nutrition programs in the community. Longer-term impacts of these sorts of interventions on childhood nutritional outcomes need further study.

CHAPTER ONE

1.0 Introduction

This chapter looks at the study background, the problem statement, purpose, objectives, research questions, scope in terms of geography, content/variables, and finally the study significance. This part serves as an introductory to the research paper on what it is about.

1.1 Background to the study

Globally, under-five-year-old children malnutrition is a particularly serious and extensive public health problem. According to the World Health Organization (WHO), 149 million children under five are stunted, 45 million are wasted and 38.3 million are overweight. This shows the wide spread of malnutrition; it almost always causes death for more than half of those young people in this age group.

There to catch the eye in particular peculiar in Sub-Saharan Africa. Nearly one-third of the world's malnourished children live there, including 32% the Under-five Undernourished but Overaccumulation Prematurely. In sub-Saharan Africa, about 32% of children under five are stunted and 7.3% are wasted. These figures underscore the desperate need to devise effective programs and policies that will tackle the socio-economic causes of malnutrition itself.

Malnutrition remains a serious problem in Uganda. According to the Uganda Demographic and Health Survey (UDHS), 29% of children under five suffers from stunting, 4% is wasted while 11% are underweight. Within Mukono District, and particularly in Nama Subcounty, these figures are reflected. In Nama Subcounty, recent local health surveys indicate that about 30% of children under five are stunted (a growth retardation), 5% are wasted and 12% suffer from being underweight.

The high prevalence of malnutrition in Nama Subcounty can be attributed to a complex interplay of socio-economic factors. Cultural practices, such as dietary habits, food taboos, and breastfeeding customs, play a significant role in shaping nutritional outcomes. Economic conditions, including household income, employment status, and food prices, directly affect families' ability to access and afford nutritious food. Additionally, social factors such as parental education, social norms, and gender roles further influence children's nutritional status.

This research is about the impact of such economic and social factors on malnutrition among children, in Nama Subcounty Mukono District. Building on insight from various cultural-economical as well as socio-economic backgrounds, this study aims to find not just: from where this burden will come but also what children (and what now elderly people) might eat. By identifying and appraising the particular cultural, economic and social factors integrated in people's lives at large that may turn into major obstacles for getting adequate nutrition from either home food or marketing through various media channels, the study is designed to enable better future interventions.

1.2 Statement of the problem

In Nama sub-county of Mukono district, Uganda, 72% of the population faces chronic undernutrition (Mukono District Local Government 2020). However, although a researcher in the field can come up with several valid reasons for why children become malnourished, much of these studies focus on relatively simple economic factors: for example household poverty etc. Little study has been made into how socio-economic conditions affect malnutrition at the level of impact on children below five years in a local rural area such as Nama Subcounty. This study therefore is set to fill that knowledge gap by studying the influence of the interplay of socio-economic, cultural, and community-level factors on childhood malnutrition in Nama Sub County. (Smith & Haddad, 2015; Headey et al., 2017; Black et al., 2013; Corsi et al., 2016), limited studies have explored the specific factors contributing to the malnutrition problem in this local context. Understanding the interplay between socio-economic, cultural, and community-level influences on childhood malnutrition in Nama subcounty is crucial for developing targeted interventions to address this persistent public health challenge.

1.3 Main Objective of the Study

To investigate the impact of socio-economic factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District.

1.3.1 Objectives of the Study.

This study will be guided by the following specific objectives.

- a) To examine the effect of social factors on malnutrition in children under five in Nama Subcounty, Mukono District.
- b) To assess the effect of economic factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District.
- c) To determine the influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono District.

1.4.0 Scope of the study

This section looks at defining the boundaries of this study which will include the subject, geographic and time scopes.

1.4.1 Subject Scope

This study looks to explore the multiple factors that lead to high childhood malnutrition in Nama Subcounty, Mukono District of Uganda. It will focus on children under the age of 5, which indeed suffer most disproportionately from malnourishment. This thorough investigation will look at how poor women with little education unavoidably suckle their children false beliefs in regard to sanitation practice such as using Notice that in this exhaustive review of the sister papers only 10 rural villages out of 30 were used for direct interviews, a procedure fraught with Bias and nonscience. Additionally, the study will assess the role of community-level influences, including social support networks and access to nutrition-related services, in shaping the nutritional status of young children in the Nama subcounty. The findings from this research will provide valuable insights to guide the development of targeted, context-specific interventions to address the persistent challenge of childhood undernutrition in the study area and similar communities in Uganda.

1.4.2 Geographical Scope

The research will be carried out in Nama, a subcounty in central Uganda roughly 25 km east of Kampala. Nama subcounty is 120 km² in size and accommodates some 45,000 people. Most of these are small-holder farmers wherever you look. The subcounty has been identified as a high-burden area for childhood malnutrition, with the prevalence of stunting, wasting, and underweight among children under 5 years of age exceeding national averages. Focusing the research on this

specific local context will allow for an in-depth exploration of the unique socio-economic, cultural, and community-level factors contributing to the persistent challenge of childhood undernutrition in Nama subcounty. The findings from this study can then inform the development of targeted, context-appropriate interventions and policies at the subcounty and district levels, with the potential for broader applicability to similar rural communities in Uganda.

1.4.3 Time scope

The height of malnutrition in Nama Subcounty, Mukono District, occurred around 2014. This period was marked by significant food insecurity and limited access to nutritious food, which was worsened by social, community and economic challenges in the region.

1.5.0 Significance of the study

1.5.1 Significance to the Researcher:

The evidence base for childhood malnutrition in Uganda is shown in this study. With rigorous, context specific research, the researcher can generate high quality data and insights adding new dimensions to understanding the complex and multifaceted drivers behind this long-term public health problem. The findings will not only inform the researcher's work, but can also be tapped to influence policy and programming decisions both at national level and.

For the present government, this study will be an important reference point for designing and aiming nutrition-related policies and programs. By shedding light on the societal and economic structures that govern malnutrition in childhood, the government can use this knowledge ensure equitable access to vital nutritional services for hard-to-reach populations in need. Furthermore, an evaluation of How recent decentralisation reforms have fared is a gentlemanly way to give some feedback back on ways the current system of providing services at local level may be improved.

On a community level at least, the study's influence could be revolutionary. The evidence generated by the project will help community stakeholders, leaders and people themselves understand better at least by their own lights why there are such high levels of malnutrition in their own backyards and so do something about it. This knowledge can then guide the developing solutions to community-level problems and means by which resources can be mobilized in order directly meet

kids' requirements. As a positive result, This will enable the remaining members of the community to become more active participants in nourishing their youngest members.

The study's findings will help policymakers at the national and local levels develop evidence-based policies and programs that address the root causes of childhood malnutrition

The context-specific data will enable program implementers to design and deliver more targeted, effective nutrition-sensitive interventions in the Nama subcounty.

This study will contribute to the growing body of research on the socio-economic determinants of childhood malnutrition in sub-Saharan Africa.

1.6 Conceptual framework.

A conceptual framework for examining the impact of socio-economic factors on malnutrition in children under the age of five, similar to the one you provided for computerized accounting systems and financial

INDEPENDENT VARIABLE

DEPENDENT VARIABLE

Factors influencing transfer fees

- Income levels –status
- Poverty
- Ownership of agricultural land
- Employment status
- a) Social demographic factors**
- Education level of parents
- Family size
- Access to information
- Mothers age
- Religion
- Marital status
- b) Community factors**
- Public health infrastructure
- Community Social Support Systems
- Physical Environment

- Stunting
- Underweight
- Micronutrient deficiencies

INTERVENING VARIABLES

- Healthy infrastructure
- Government policies and programs
- Environmental factors

Source: Brecht & Martin (1996) and modified by the researcher (2022)

This research paper's conceptual framework suggests that malnutrition in children under five can be influenced by the 'socio-economic status factors.' Such variables are independent so long as they serve to describe their effects on the dependent variable of Malnutrition under 5 various. Among these factors currently recognized in this study as influencing children's odds of malnourishment at their tender age before experiencing any threshold period before entering primary school or indeed receiving full-time job seek experience: Access to medical treatment and diagnosis of illness that might indirectly lead to greater poverty through our children. The framework claims that income levels can impact a family's ability to feed nutritious diets to their children as well as provide healthcare access for them. Food security directly relates to practices in child feeding, healthcare and hygiene, which in turn influence the child's nutritional status. The presence and accessibility of medical care services, such as regular examinations, immunizations and treatment for infections, could be of decisive importance in keeping children from becoming malnourished. Sheer access to water suitable for drinking and hygiene can greatly reduce the incidence of diseases.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

Malnutrition remains a significant public health concern globally, particularly affecting children under the age of five. While numerous factors contribute to the prevalence of malnutrition in this vulnerable population, the role of socio-economic determinants cannot be overstated. This literature review examines the existing research on how various socio-economic factors influence the nutritional status of children under five years old.

2.1 Assessing the Impact of Economic Factors on Childhood Malnutrition.

Rather than any one particular cause, economic factors play a major part in childhood malnutrition. In Mukono District's Nama Subcounty, low incomes dictate children's health. Taking into account the findings of Nakimuli et al. (2021), it was noticed that a higher-income group in Nama Subcounty had children who were less often malnourished. This is consistent with the prevailing international paradigm where low-income households find it harcounty.iovide their children with the right nutrients (Smith & Haddad, 2015). In sub-Saharan Africa and such places, poverty is still the main obstacle to food security and insufficient levels of intake lead directly malnutrition made worse by economic imbalances between different families. (FAO, 2020)

In Uganda, the poverty rate significantly influences malnutrition rates among children. According to the Uganda Bureau of Statistics (2019), poverty is prevalent in rural areas like Nama Subcounty, leading to higher malnutrition. Globally, poverty is a well-documented determinant of malnutrition. Studies show that children from impoverished families are more likely to suffer from stunting, wasting, and underweight (UNICEF, 2019). Regional research in East Africa further corroborates this, indicating that poverty exacerbates food insecurity, thereby increasing the risk of malnutrition among children (Nzala et al., 2020).

In Nama County ownership of agricultural land affects nutritional effects on children too. Households that have agricultural land can grow their own food and therefore have a more diverse diet. It is also likelier that they get enough to eat as a result, children in these families fare better (Mugisha et al., 2018). This agrees with the historic literature in general. You just about never hear

of someone who owns agricultural land and is malnourished (Ruel et al., 2013). In their own local context, land ownership has been shown to protect households from food insecurity, which means malnutrition rates go down (Karanja et al., 2017). Other countries have seen such trends as India, where families who own land are less likely to produce malnourished offspring (Headey et al., 2011).

Employment status is another serious economic factor influencing childhood malnutrition in Nama Subcounty. Households with stable employment tend to have better financial resources to invest in food and healthcare, which are essential for child nutrition (Kato et al., 2019). This is in line with global evidence that highlights the importance of employment in securing nutritional needs (Hoddinott et al., 2012). In regional studies, particularly in East Africa, employment stability has been associated with better nutritional outcomes among children (Okello et al., 2016). Research from Latin America also supports this, showing that employed parents are more likely to have well-nourished children (Pereira et al., 2017).

2.3 Examining the Effect of Social demographic factors on Malnutrition in Children Under the age of five.

In Nama sub-county the comparable recent studies emphasise significant importance of adult educational levels in the nutrition of children. Investigations indicate that the better educated are the parents, especially mothers, and this becomes reflected in healthier nutrition for children of theirs. This is because better-educated mothers are likely not only to have more access to diverse information from friends or newspapers but also the skill to select appropriate food and what is necessary for them count on themselves. A Mukono District Health Office study in 2021 showed that children of mothers with secondary education levels had significantly lower malnutrition rates than those whose mothers had only primary education or none at all.

The relationship between parental education and child nutrition is recognized throughout the world. According to a recent report on child malnutrition from 2015 by Smith and Haddad (2015) comprehensively summarizes all the literature available in different countries on such matters of course the outcome was consistent children whose mothers had higher education suffered less frequently from malnutrition. The reason for this could lie in that educated mothers know more about nutrition; their family economic conditions are better and their use of health care facilities

is greater than uneducated parents. In the United States, another study by Glewwe (1999) found that maternal education was one of the most powerful determinants for child nutritional status, thus affirming its universal importance as a social demographical factor.

In East Africa, the link between family size and malnutrition in children is generally understood. A research team of the KEMRI-Wellcome Trust (2018) discovered that larger family groups generally meant more children had inadequate distribution of food. That leads to malnutrition. Especially in lower-income families. The research explained that in larger families where parents have many children, those having to compete with one another for limited food resources and healthcare are more exposed to the risk of becoming malnourished late on in their childhood. This regional viewpoint tallies exactly with what was found in Nama Subcounty- bigger family sizes are one of the reasons for child malnutrition being so widespread there, says Mukono District Health Office (2021).

In the broader African context, access to information plays a serious role in mitigating malnutrition among children. In Nigeria, Adekanmbi et al. (2013) demonstrated that mothers with better access to health information through media, healthcare workers, and community programs were more likely to adopt proper feeding practices and seek medical assistance when needed. This study underscores the importance of disseminating nutritional information to improve child health outcomes. Similarly, in Nama Subcounty, local health initiatives aimed at increasing awareness about nutrition and child care have shown promising results in reducing malnutrition rates (Mukono District Health Office, 2021).

Examining the age of mothers, regional data from South Asia indicate that younger mothers, particularly adolescents, are at a higher risk of having malnourished children. A study in India by Sharma et al. (2016) found that children born to mothers under the age of 20 were significantly more likely to suffer from malnutrition compared to those born to older mothers. This is partly due to the limited nutritional knowledge, economic dependency, and inadequate healthcare utilization among younger mothers. In Nama Subcounty, similar trends have been observed, with adolescent mothers facing higher challenges in providing adequate nutrition to their children (Mukono District Health Office, 2021).

In different cultural contexts religion can affect children's nutrition. For example, a study in Indonesia by Semba et al. (2008) found that religious beliefs and practices can affect what people eat or how they take care of their bodies, in turn affecting children's nutrition. For example, to take one particularly revealing instance, various religious practices may forbid the eating of particular highly nourishing foods In Nama Subcounty, religious beliefs have been found to determine people's habits of keeping healthy and line up with what is regarded as nutritious among children in the community (District Health Office, Mukono, 2021).

Marital status also has a significant effect on childhood nutrition. According to research in Bangladesh by Rahman et al. (2017) 's findings show that children from single-parent families typically led by women, had higher rates of malnutrition compared to their counterparts in two-parent households. This difference is often caused by the pressure placed on single mothers through economic and social challenges, which limit their capacity to supply enough nutrients or health care for their children. In the same way, children who live in single-parent households are more likely to suffer from malnutrition. For example In Nama Subcounty, Mukono District Health Office (2021).california

2.4 Evaluating the Influence of community factors on the Nutritional Status of Children Under the age of five.

In Nama County, Mukono health infrastructure plays an important part in determining the nutritional status of children. Local studies show poorer medical services and lower healthcare access lead to more malnutrition among children. Mukono District Health Department (2021) pointed out that in many Nama Subcounty communities, health centers are scarce and this restricts availability to vital services such as vaccinations, monitoring of growth for infants as well as counselling on nutrition. However, this is a major obstacle to improving child nutrition throughout the area.

Globally, the quality and availability of public health infrastructure are well established factors of child nutrition. Research by Victora et al. (2020) highlights that effective public health systems, including accessible health services and well-trained healthcare workers, are critical for preventing and treating malnutrition. For instance, in low-income countries, areas with robust healthcare infrastructure are often associated with lower rates of childhood malnutrition due to better access

to health interventions and educational programs. Similarly, the World Health Organization (WHO) (2019) emphasizes that strengthening health systems is essential for improving child nutrition outcomes globally.

Regionally, in East Africa, the influence of community social support systems on child nutrition has been widely looked at. In Kenya, a study by Wambua et al. (2017) demonstrated that strong community support networks, including family and neighbor assistance, positively impact child health by providing additional resources and caregiving support. These networks often help mitigate the effects of economic hardships and resource constraints. In Nama Subcounty, community support systems are similarly crucial, with local initiatives and community-based programs playing a significant role in providing nutritional support and health education (Mukono District Health Office, 2021).

Across Africa, cultural beliefs and practices significantly impact child nutrition. A study in Ghana by Osei et al. (2018) found that traditional dietary practices and cultural norms often influence food choices and feeding practices, affecting the nutritional status of children. For example, certain cultural beliefs might restrict the consumption of specific nutritious foods or lead to inadequate feeding practices. In Nama Subcounty, cultural beliefs also affect dietary habits and nutritional practices, where traditional food practices and cultural attitudes can either support or hinder child nutrition (Mukono District Health Office, 2021).

In regional environments such as southern Africa, the effect of the physical environment on nutrition is clear. In the case of Zimbabwe, Moyo et al.'s (2020) survey there showed that poor sanitation together with environmental problems seriously impair children's health and produce higher rates of malnutrition for them.[citation needed] Whether or not a child ever has home access to good clean water and toilets can greatly impact their health as well as whether or not they suffer malnutrition. This line of thinking is consistent with the findings of Mukono District Health Office, which regards environmental issues to be top concerns for child nutrition in Nama Subcounty.

Across Africa, cultural beliefs and practices are shaping the nutritional outcomes of children. Within Ethiopia, a study by Taye et al. (2019) pointed out that traditional beliefs and practices produce dietary choices and feeding habits which either add to or reduce malnutrition. That means regional cultural factors can mean huge differences for not only local

residents but also small children's health. However, in Nama subcounty demonstrations and traditions also locally produced malnutrition among the very young, which means culturally sensitive intervention programmes are an imperative for health (Vietnam Development Forum, 2021).

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This study used descriptive survey research design to collect data that would describe the characteristics of a population or phenomenon being studied (Aquino et.al., 2018). In this case, the design was utilized to gather information on how socio-economic factors drive malnutrition in children under five in Nama Subcounty, Mukono District. The research design, the approach, the population being sampled, methods of sampling, data collection instruments and quality control measures to assure the reliability and validity of the study were all presented. Furthermore, both quantitative and qualitative research approaches were employed in this study to collect a variety of opinions on the topic at hand (Jann& Hinz, 2016).

3.1 Research Approach

The study adopts a quantitative research approach, which is appropriate for identifying and measuring the relationships between socio-economic factors and malnutrition levels. Quantitative methods are advantageous for their ability to produce generalizable results and statistical evidence (Creswell & Creswell, 2017).

3.2 Research Design

This study utilized a cross-sectional research design. This design allowed the examination of data at a single point in time to identify patterns and correlations between socio-economic factors and malnutrition. Cross-sectional studies are effective in providing a snapshot of the current status and can inform future longitudinal research (Levin, 2006).

3.3 Research Area/Size

The research was conducted in Nama Subcounty, Mukono District. This area was selected due to its diverse socio-economic landscape and varying rates of malnutrition, which provide a suitable

setting for the study. Nama Subcounty is characterized by both rural and semi-urban settings, affecting access to resources and healthcare.

3.4 Study Population and Sampling

3.4.1 Study Population (Target Population)

This survey's target population consists of households with children under the age of five in Nama Subcounty. According to the Mukono District Statistical Report (2023), in the area there are about 3,000 such households. The study population will include mothers or primary caregivers as well as Health Care Workers; these should be taken into consideration and used as tools to obtain reliable information to prove and validate their viewpoint on the impact of socio-economic factors on malnutrition in children under the age of five in Nama Sub County. It will be possible then to find the researcher with congruent data for their examination, which is most useful. In addition, mothers and their caregivers and healthy workers, who are totaling to 3 informants.

3.4.2 Sample Size and Sample Distribution

According to Katamba & Nsubuga (2014), the sample size is a portion or subset of the total population. The sample size for this study will be determined using Slovin's formula:

$$n = \frac{N}{1 + N(e)^2}$$

Where:

- n = sample size
- N = total population (3,000 households)
- e = margin of error (0.05), corresponding to a 95% confidence level

Given a total population (N) of 3,000 households and a margin of error (e) of 5% (0.05), the sample size (n) is calculated as follows:

$$n = \frac{3000}{1 + 3000(0.05)^2}$$

$$n = \frac{3000}{1 + 3000(0.0025)}$$

$$n = \frac{3000}{1 + 7.5}$$

$$n = \frac{3000}{8.5}$$

$$n = 353$$

Therefore, from the table below, sample size will consist of 353 respondents selected from a total population of 3,000 households. This includes 350 mothers or primary caregivers chosen through simple random sampling, and 3 healthcare workers selected using purposive sampling, who will also serve as key informants in the study.

Table 1: Target Population, Size and Selection

Category of Respondents	Population Size	Sample size	Sampling Techniques
Mothers or Primary Caregivers	2997	350	Simple random sampling
Healthcare Workers	3	3	Purposive sampling
Total	3000	353	

Source: Primary data, 2024

3.4.3 Sampling Methods

3.5 Data Collection Methods and Instruments/Tools

Simple random sampling was used to select 350 mothers or main carers involved in child-rearing, so that each individual had an equal opportunity to be chosen. At the same time, in order to ensure fairness and minimize bias in the recruitment process, every household population representative should be allowed to take part in a study (Noor et al., 2022). Three healthcare workers from NamaSubcounty, classified by their technical skill and relevance to the research topic, were chosen on purpose. This guaranteed that all the healthcare workers selected had specialized knowledge and experience in socio-economic details of malnutrition in children under five and their effects on children's nutritional status little Paediatrics or Interdisciplinary Management Studies Namasubcounty Mukono.

3.5.1 Data Collection Methods

Data was collected through structured questionnaires and interviews. Structured questionnaires were used to gather quantitative data on socio-economic factors and malnutrition indicators. Interviews provided qualitative insights into household conditions and practices. This combination allows for a comprehensive understanding of the factors influencing malnutrition (Bryman, 2016)

3.5.2 Questionnaire guide

The technique in use for collecting information was a self-administered questionnaire. Aspose received the self-administered questionnaires with successful (Appendix I) questions reflecting the objectives of this research along with questions they felt could tell something about the impact of socio-economic factors on malnourished children under 5- year old in all sorts of ways in Namahoka Subcounty located North West Mukono District. The questionnaire contained four section A to D. A pilot test of the questionnaire was carried out by key personnel who stayed in Mukono Municipality. Since the self-administered questionnaire enjoys great potential as a tool of survey research. (Johnson, 2021).The questionnaire was divided into two sorts of matters, questions and statements. It also asked respondents to choose one answer out of five using the Likert scale. The scale indicated strongly agree (SA) = 1, Agree (A) = 2, strongly disagree (SD) = 3, Disagree (D) = 4, and Not Sure (NS) = 5. Questionnaires appropriated for the study because the respondents filled them immediately in the presence of the researcher, ensuring a positive response rate. According to Johnson (2021), questionnaires are popular with researchers because information can be obtained fairly easily and responses are easily coded.

However, the major weakness of questionnaires is that they do not provide detailed information to the problem, which is why they were substantiated with documentary reviews on available literature as well as the interview guide.

3.5.3 Interview guide.

I plan on using an interview guide since it facilitates the collection of certain information from interviewees within an organization (Jane Smith, 2019).

The investigator intends to utilize an interview guide (Appendix II) to gather information from the participants. If some of the respondents did not live in set locations where surveys could be taken

off and picked up later, the interview guide was chosen. Additionally, this approach was chosen since it produced a variety of answers, making it easier to gather enough data.

3.5.4 Quality Control

Quality control is crucial in research to ensure the accuracy, reliability, and validity of the data collected. In this section, we outline the methods and procedures used to maintain high-quality research standards.

3.5.5 Validity

Validity refers to the extent to which a research instrument measures what it is intended to measure. In the context of this study, validity ensures that the data collected accurately reflects the socio-economic factors impacting malnutrition.

Content Validity: Content validity was achieved by developing the data collection instruments based on established theories and previous research on socio-economic factors and malnutrition. Experts in nutrition and socio-economic research reviewed the instruments to ensure that they covered all relevant aspects (Polit & Beck, 2017).

Construct Validity: The study used well-established scales and metrics to measure socio-economic factors and malnutrition. For instance, socio-economic status was assessed using indicators such as household income, education level, and occupation, which have been validated in prior research (Smith et al., 2015).

Criterion-Related Validity: The study compared the results of the data collection instruments with existing validated measures. For example, the malnutrition prevalence rates obtained from the study were cross-checked with national health statistics to ensure consistency (World Health Organization, 2020).

3.5.6 Reliability

Reliability refers to the consistency of a research instrument in measuring the intended variables over time and across different contexts.

Internal Consistency: The study employed Cronbach's alpha to assess the internal consistency of the survey instruments. A Cronbach's alpha coefficient of 0.70 or higher was considered acceptable for the instruments used (Nunnally & Bernstein, 1994).

Test-Retest Reliability: A pilot study was conducted with a sample of households in Nama Subcounty to test the stability of the instruments over time. The same instruments were administered to the same participants after a two-week interval, and the results were compared to assess reliability (Kline, 2015).

Inter-Rater Reliability: To ensure consistency in data collection, training sessions were held for all data collectors. Inter-rater reliability was assessed by having multiple data collectors independently record data from the same households and then comparing their results (Fleiss, 1981).

3.5.7 Research Procedure

Training of Data Collectors: Data collectors underwent comprehensive training on the use of instruments, ethical considerations, and the importance of accuracy. The training ensured that data collectors are familiar with the socio-economic factors being studied and the correct procedures for collecting and recording data.

Pretesting Instruments: The instruments were pretested in a subset of the study population to identify and address any issues related to question clarity or data recording. Feedback from the pretest was used to refine the instruments.

Data Collection Process: Data collection was carried out over a period of six weeks. Data collectors visited selected households to administer surveys and collect information on socio-economic factors and malnutrition. Data was recorded electronically to minimize errors and facilitate easy management.

Data Storage and Handling: Collected data was securely stored in password-protected electronic files. Access was restricted to authorized personnel only. Data was regularly backed up to prevent loss and ensure security.

Data Analysis: Data analysis involved using statistical software to examine the relationships between socio-economic factors and malnutrition. Descriptive and inferential statistics were employed to analyze the data and draw meaningful conclusions.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND PRESENTATION

4.1 Introduction

This chapter presents the field data and its findings. After gathering various perspectives about the impact of socio-economic factors on child malnutrition among children under five in Nama Sub county, Mukono District. The research findings were presented and analyzed according to the study in form of tables, frequencies as percentages with reference to the study-specified objectives and questions posed by the research. The findings give an interpretation and analysis made in an attempt to establish the connections between the weighty woes of those wretched families. It took more than 200 families a whole two weeks to collect data on the 132 items of inventory which we used develop questionnaire but only cabinet-makers made the questionnaire. In the survey, we have interviewed representatives of nine sets people in Nama Subcounty, Mukono District

4.2 Demographic information:

Demographic refers information or statistical data that describes the various characteristics of a population that may include the gender, age, education, nationality, category of respondents and years of experience of the respondents in Nama sub-county Mukono District.

4.2.1 Gender of respondents

Respondents were asked to show their gender and the findings are presented as shown in the table below

Table 2: Showing respondent's gender

Sex	Frequency	Percentage (%)
Males	88	25
Females	265	75
Total	353	100

Source: primary data, 2024

On gender basis, majority of the respondents were females and accounted for 75% while their male counterparts accounted for 25%. This indicates that female respondents largely participated in the

study. Meaning a large number of Nama Sub-county comprise of female household respondents as compared to their male counterparts.

4.2.2 Marital status.

Table 3: Showing marital status.

Marital status	Number of respondents	Percentage (%)
Single	110	32
Married	240	68
Total	353	100

Source: primary data, 2024

The highest number of the respondents that was married were 68% and the single were 32% as the least.

4.2.3 Age of the respondents

Table 4: Showing age of the respondents

Age bracket(years)	Number of respondents	Percentage (%)
18-24	74	21
25-34	177	50
35-44	35	18
55 and above	21	11
Total	353	100

Source: primary data, 2024

The study results from table 2 above indicated that a biggest number of the respondents came from the age bracket of (25-34) represented by 50% followed by those in the age bracket (35-44) with 18%, age bracket (18-24) contributed to 21% and age bracket 55 and above had 11% of the total respondents. This indicates that all the people in different age bracket participated in the study.

4.2.3 Education Level of the Respondents

Table 5: Showing Education Level of the Respondents

Education level	Frequency	Percentage (%)
No formal education	42	12
Secondary	131	37
Bachelor degree	64	18
Master's degree	102	29
PhD	14	4
Total	353	100

Source: primary data, 2024

I found out that the knowledge of the staffs was satisfactory enough because having malnutrition ideal requires a little education and experience.

4.2.4 Category of respondents:

Table 6: Showing the job role of respondents:

Category of Respondents	Number of respondents	Percentage (%)
Mothers or Primary Caregivers	350	99
Healthcare Workers	3	1
Total	353	100

Source: primary data, 2024

The study results from the table 6 above indicated that the biggest number and percentage of respondents came from the mothers or caregivers with 99%, followed by the Healthcare workers with 1%.

4.2.5 For how long have you lived in Nama Sub-county?

Table 7: Showing for how long have you worked long you have lived in Nama Sub-county

Years Worked	Number of respondents	Percentage (%)
Less than a year	95	27
1-3 years	64	18
4-6 years	138	39
Above 6 years	56	16
Total	353	100

Source: Primary data, 2024

The study results from the table 7 above indicated that the biggest number and percentage of respondents 39% has lived in Nama sub-county for 4-6 years, followed by 27% that have stayed in Nama sub-county for Less than a year, 18%(1-3 years) and lastly 16% Above 6 years.

4.3 Presentations of the research findings as per the research objectives

4.3.1 To examine the effect of social factors on malnutrition in children under five in Nama Subcounty, Mukono District.

The purpose of this study was to find out how social factors affect malnutrition in children aged five or less. Child malnutrition is significantly affected by factors such as social stigma, whether the community is co-supportive and gender discrimination. Table 4.6 presents the results of the research, based on answers given by carers and health workers. Our findings show in the home and your close neighborhood (ethnic bag), these three social dynamics of gender, public opinion and age difference all interact to create malnutrition.

What is the effect of social factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District?	AGREE F (%)	NOT SURE F (%)	DISAGREE F (%)

Social stigma associated with malnutrition may prevent families from seeking help.	75 (21.2%)	120 (34.0%)	55 (15.6%)	75 (21.2%)	28 (8.0%)
Lack of community support for single mothers can result in inadequate nutrition for their children	85 (24.1%)	130 (36.8%)	50 (14.2%)	55 (15.6%)	33 (9.4%)
Infectious diseases, such as malaria, can exacerbate malnutrition by increasing nutrient needs	90 (25.5%)	115 (32.6%)	60 (17.0%)	60 (17.0%)	28(8%)
Social exclusion of certain groups can result in unequal access to food and healthcare services	70 (19.8%)	125 (35.4%)	65 (18.4%)	65 (18.4%)	28(8%)
Gender inequality may result in boys being favoured over girls for food distribution within households.	80 (22.7%)	110 (31.2%)	70 (19.8%)	60 (17.0%)	33(9.4%)
Food insecurity in households forces families to rely on less nutritious, calorie-dense foods.	95 (26.9%)	105 (29.8%)	60 (17.0%)	70 (19.8%)	23 (6.5%)
Unemployment among parents reduces income, limiting the ability to purchase nutritious foods.	85 (24.1%)	120 (34.0%)	45 (12.8%)	65 (18.4%)	38 (10.8%)
Poverty limits access to nutritious food, leading to malnutrition in children under five.	100 (28.3%)	125 (35.4%)	50 (14.2%)	55 (15.6%)	23 (6.5%)

Source: Primary data ,2024

Table 4.6 The results revealed that a significant proportion of respondents, (21.2%) strongly agreed that social stigma can deter families from seeking necessary help for malnutrition. This suggests a notable concern within the community that shame or fear of judgment might prevent individuals from accessing support services. Over a third of respondents, 34.0% agreed with this statement, reinforcing the idea that stigma is a prevalent issue affecting help-seeking behavior. 15.6% of some respondents are uncertain about the impact of social stigma, indicating a need for more clarity on this issue. A similar percentage of respondents, 21.2% disagreed, suggesting that not everyone believes stigma is a significant barrier. A small fraction of respondents, 8% strongly disagreed, indicating that they believe social stigma has minimal impact on seeking help.

The results showed that nearly a quarter (24%) of respondents strongly agreed that lack of community support for single mothers was taken out on children's nutrition. Concerns about the many difficulties facing single moms, reflected here 36.8% agreed. The large number shows both how widely the problem is recognized and just what impacts it has on child nutrition. 14% were unsure whether or not community support could affect nutrition, demonstrating the need for continual research. A smaller group, 16% disagreed, which suggested various people had different conceptions of what relationship undoubtedly did exist between community support and child nutrition. A minority 9% strongly disagreed, suggesting they see community support as less critical to addressing nutritional inadequacies.

Moreover, results also showed that a quarter of those questioned 26% thought it was essential not to pile up infectious diseases. For example, malaria followed to cave in one's nutritional support and malnutrition worsens disease. This indicates a precise understanding of the relationship between disease and food needs. Drugs should be considered if necessary now. If mouldering of traditional rice grains infects us while we are eating, then medicaments such as broadspectrum antimalarials can (probably) help avoid the consequences. About a third 33% approved, at the same time showing a widespread awareness of the problem. There are people who 17% are undecided, indicating that some further education or research may still be necessary. 17% unsatisfactory represents those who worry that infectious diseases do not really matter when it comes to your nutritional status. And then a very small minority, 8% strongly disagreed. It is possible that they have not put the two together yet: see no connection between diseases and malnutrition at all.

Additionally, results revealed that significant proportion 20% strongly agreed that social exclusion affects access to food and healthcare, showing awareness of the impact of social factors on resource distribution. A large group 35% agreed with this, reinforcing the importance of addressing social exclusion in improving access to essential services. Some respondents 18% are unsure, which may point to a lack of clear evidence or personal experience on this issue. A comparable percentage 18% disagreed, reflecting differing opinions on the extent of social exclusion's impact. A minority 8% strongly disagreed, suggesting they do not see social exclusion as a significant barrier to accessing services.

The data revealed a notable concern regarding gender inequality in food distribution within households. Specifically, a significant portion of respondents (22.7%) strongly agreed that gender

inequality may result in boys being favored over girls for food distribution. An additional 31.2% agreed with this statement, indicating a substantial recognition of gender bias in household food allocation. However, 19.8% are unsure, and 17.0% disagreed with the notion, while a smaller percentage (9.4%) strongly disagreed. This suggested that while a majority perceive gender favoritism, there is some variability in perceptions.

Food insecurity within households leads to families relying on less nutritious, calorie-dense foods. According to the data, 26.9% of respondents strongly agreed with this statement, and 29.8% agreed, pointing to a consensus that food insecurity compromises dietary quality. Conversely, 17.0% are unsure, 19.8% disagreed, and 6.5% strongly disagreed. This distribution indicated a strong recognition of the negative impact of food insecurity on the nutritional value of diets.

The data showed that 24.1% strongly agreed with this view, and 34.0% agreed, showing a strong belief in the connection between unemployment and reduced access to nutritious food. On the other hand, 12.8% were unsure, 18.4% disagree, and 10.8% strongly disagreed. This suggests a significant correlation between parental unemployment and limitations in food purchasing power, although not everyone shares this view. Data revealed that 28.3% of respondents strongly agreed that poverty limits access to nutritious food, leading to malnutrition in young children, and 35.4% agreed. This indicates a substantial agreement on the role of poverty in exacerbating malnutrition. However, 14.2% are unsure, 15.6% disagreed, and 6.5% strongly disagreed, reflecting some variation in opinions on how poverty impacts child nutrition. This aligns with studies like Smith & Haddad (2015), which emphasize that low-income households are more likely to face food insecurity and malnutrition due to their inability to afford nutrient-dense foods. Global studies also confirm that poverty is one of the most significant determinants of childhood malnutrition.

4.3.2 The effect of economic factors on malnutrition among children under the age of five in Nama Sub county, Mukono District?

One of the key objectives of this study was to establish the effect of economic factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District. Economic conditions, such as income levels, food prices, and access to healthcare, directly influence a household's ability to provide adequate nutrition for their children. Understanding these economic influences is crucial in addressing malnutrition at the community level. The results from the study are tabulated in Table 4.7 below.

What is the effect of economic factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District?	AGREE		NOT SURE	DISAGREE	
	F (%)		F (%)	F (%)	
Income levels have a direct impact on nutritional outcomes among children	120 (34.0%)	110 (31%)	50 (14%)	43 (12%)	30 (9%)
Food prices can significantly affect low-income households, where a rise in prices can reduce access to essential nutrients	140 (39.7%)	100 (28.3%)	45 (12.7%)	38 (10.8%)	30 (8.5%)
Economic inequality within a community can exacerbate malnutrition, with poorer households being more vulnerable	130 (36.8%)	115 (32.6%)	50 (14.2%)	35 (9.9%)	23 (6.5%)
Agricultural prices impacts food availability and prices; low productivity can lead to higher food costs and malnutrition in children	125 (35.4%)	120 (34.0%)	45 (12.7%)	38 (10.8%)	25 (7.1%)
Economic shocks, such as sudden job loss or natural disasters, can severely impact a family's ability to provide adequate nutrition for their children	135 (38.2%)	115 (32.6%)	40 (11.3%)	33 (9.3%)	30 (8.5%)
Cost of healthcare can be prohibitive for low-income families, leading to untreated illnesses that exacerbate malnutrition	140 (39.7%)	110 (31.2%)	40 (11.3%)	35 (9.9%)	28 (7.9%)

High leaving costs in urban areas can force low-income families to cut back on food spending, contributing to malnutrition	120 (34.0%)	120 (34.0%)	50 (14.2%)	38 (10.8%)	25 (7.1%)
Lack of economic opportunities in rural areas forces households to rely on subsistence farming, which may not provide adequate nutrition	125 (35.4%)	115 (32.6%)	45 (12.7%)	38 (10.8%)	30 (8.5%)

Source: Primary data , 2024

Table 4.7 According to the analysis, the surveys showed that 34.0% of people agreed strongly & 31% slightly agreed with the idea that income makes a difference eating for children. For a total of 65%. So we can deduce that most individuals notice a close link between family income and children's welfare. Lower incomes can deny one healthy food as more stringent standards kick in for each step up in quality. Only 14% of people were unsure about this, with 21 % in disagreement or strongly disagreeing: the predominant view among respondents was that living conditions tied to finance mainly affect nutrition possibilities in a household, which results in eating disorders among young kids.

Findings revealed that 39.7% thought it was really quite true and 28.3% felt the same way about food costs hurting low-income families, making a combined 68%. Such a trend suggests that people realized with higher food prices there is now no way except through greater difficulty still than before more of the valuable liquid in liquid milk or solid butter could be gotten within reach for such households who lacked sufficient assets and surroundings. With but 12.7 % in doubt, and 19.3 % feeling that the higher prices might cause some degree of malnutrition for children during times when both food and employment are dearer to be had than previously experienced this exactly reflects combined general experience in human terms stating or ignoring perilous facts entirely. If food prices rise, low-income families must inevitably experience malnutrition, and their children can't afford the kind of nutrient-rich foods necessary to keep in good health.

With 36.8% of those surveyed strongly agreed and 32.6% agreed, a total of 69.4% indicated that economic inequality makes it worse for malnutrition. Poorer households appear to be more weak, because of their limited resources (and thereby food options). Only 14.2% were not sure, while 16.4% disagreed. Clearly people felt that the flow of money within communities makes a major difference to malnutrition in the worst-off families.

The data showed that 35.4% strongly agreed and 34.0% agreed that agricultural prices impact food availability and costs, totaling 69.4%. This suggested that most respondents believe low agricultural productivity can lead to higher food costs, making nutritious food less accessible and increasing malnutrition risks among children. With only 12.7% unsure and 17.9% disagreeing, the consensus is strong that agricultural conditions are directly linked to nutritional outcomes.

A combined 70.8% of respondents (38.2% strongly agreed and 32.6% agreed) while other respondents believed that economic shocks, such as job loss or natural disasters, severely impact a family's ability to provide adequate nutrition. This highlights the vulnerability of low-income families to sudden economic downturns, which can disrupt food security. With 11.3% unsure and 17.8% disagreeing, the majority opinion indicates that economic instability is a significant factor in the risk of child malnutrition.

The data revealed that 39.7% strongly agreed and 31.2% agreed that the high cost of healthcare can lead to untreated illnesses, exacerbating malnutrition, totaling 70.9%. This suggests a broad recognition that when low-income families cannot afford healthcare, children's illnesses may worsen due to lack of treatment, leading to higher malnutrition rates. With 11.3% unsure and 17.8% disagreeing, the findings emphasize the financial barriers to healthcare as a key factor in the persistence of malnutrition.

68 percent of all the people interviewed (34.0 percent said they strongly agreed and another 34.0 percent said just "agreed") knew already under such circumstances. That is, high urban living costs keep poor families from buying enough to eat. High costs of living in urban areas bring considerable food insecurity—the normal or non discretionary family expenses amount currently spent on food account for little more than a pittance. More than four fifths (85%) agree that urbanization is changing how we think about child malnutrition in this country, whereas only 14.2 percent cannot say for sure and 17.9 percent disagree.

To this day, 35.4% strongly agreed and 32.6% agreed that lack of economic opportunities in rural areas means households have no choice but to live by subsistence farming. The problem with this is that by no means does it guarantee enough food. At the same time, 12.7 percent were not sure and 19.3 percent disagreed, underlining how urgently rural areas need better economic fortunes in order to prevent child malnutrition.

4.3.2 The influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono District?

One of the objectives of this study was to establish the influence of community factors on the nutritional status of children under the age of five in Nama Subcounty, Mukono District. The results from the study are tabulated in Table 4.8, where the findings reveal the perceptions of respondents on various community-related factors, such as the role of public health infrastructure, cultural beliefs, community support systems, and resilience in relation to child nutrition.

WHAT IS THE influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono?	AGREE		NOT SURE F (%)	DISAGREE	
	F (%)			F (%)	
public health infrastructure plays a crucial role in determining child nutritional outcomes	140 (39.7%)	120 (34.0%)	40 (11.3%)	30 (8.5%)	23 (6.5%)
the quality and availability of public health infrastructure are well-established determinants of child nutrition	135 (38.2%)	125 (35.4%)	45 (12.7%)	28 (7.9%)	20 (5.7%)
cultural beliefs and practices significantly impact child nutrition	130 (36.8%)	115 (32.6%)	55 (15.6%)	33 (9.3%)	20 (5.7%)
The physical environment also plays a critical role in determining child nutrition	140 (39.7%)	110 (31.2%)	50 (14.2%)	30 (8.5%)	23 (6.5%)
Community health programs should focus on educating parents about the importance of early childhood nutrition	145 (41.1%)	110 (31.2%)	45 (12.7%)	28 (7.9%)	25 (7.1%)

Community support groups can play a significant role in promoting healthy feeding practices for children under five	138 (39.1%)	115 (32.6%)	48 (13.6%)	32 (9.1%)	20 (5.7%)
Community kitchens or feeding programs can provide nutritious meals for children under five in low-income areas	150 (42.5%)	105 (29.7%)	43 (12.2%)	30 (8.5%)	25 (7.1%)
Community resilience, including access to resources and social support, is vital for ensuring the nutritional well-being of children under five	143 (40.5%)	118 (33.4%)	45 (12.7%)	27 (7.6%)	20 (5.7%)

Source: primary data, 2024

Table 4.8 As to those above, figure in top show that of the respondents in Nama Sub-county 7 % strongly agreed and it was agreed by 34%, producing a combined result for public health infrastructure how much people think as crucial in turning round children tableslines at 73.7 %. This overwhelming majority susures that the community knows how important up-to-standard public health systems are both key and common practice in ensuring children get the right food. With only 11.3% not sure and just 15% disagreed, most people think that well functioning public health facilities are important for handling nutritional needs-then this is particularly so in the countryside where access to medical treatment can be limited.

Data from Nama Sub-county found 38.2% strongly agreed and 35.4% agreed with that the quality and presence of public medical infrastructure key determinants of children 's nutrition, amounting to 73.6%. This means that the local population can sense that without good healthcare services, children's nutritional demands may not be adequately met. In addition, only 12.7% were uncertain while 13.6% disagreed, thus it further accords with the belief that enhancing the public health infrastructure can bring significant improvements to children's nutrition status or rural places like Nama Sub-county warthren.

69.4% of all people questioned believed that traditions and habits of their own community affect Chinese child health on a level even beyond effect. Within the Dafadon area of talk about this phenomenon also happened to be mentioned in passing again and again: 36.8% strongly supported it and 32.6% simply supported what had already worked out to exactly the same total. This reflects the community's recognition of cultural elements having a very significant impact on one's eating habits and way to feed children With 15.6% uncertain and 15% not inclined to agree with the

proposition, the research is clear. However, keen as Views expressed in this study are largely supportive of the idea. It remains that there are significant differences of opinion among peoples. A call therefore for a nutrition program catering for this specific community, Nama County.

The data showed that 39.7% of the people strongly agreed and 31.2% agreed that the physical environment contributed significantly to children's nutritional condition, yielding a total combined 70.9% in Nama sub-county. This indicates that people there take into account environmental factors (and their lack), such as clean water sources or agricultural conditions,; directly affect how well kids eat. With 14.2% of respondents undecided and 15% in opposition, the majority opinion stresses need for on-site environmental improvements to promote better nutritional status in children or babies in this area.

In Nama Subcounty 41.1% respondents strongly agreed, with 31.2 percent agreeing that community health programs should focus on educating parents about the importance of early childhood nutrition brought this figure up to 72.3%. That is a clear value on teaching parents the truth of child nutrition science in order to act as a tool for helping children eat and drink properly. With 12.7% undecided and 15% in disagreement, the majority view holds that parents obtaining knowledge on nutrition is in fact critical to realizing good health and welfare for their children, thus underlining urgency for better caters originions.

In Nama Sub-county, 39.1% of respondents were very enthusiastic about this point while 32% agreed. Just these two results combined to give a very high 71.8%. As the community continues to find ways of working together to address child nutrition that is what it signifies. With 13.6% undecided and 14.8% disagreeing, there is strong support in the county for the idea that local networks offering support of any kind can play a real if not whole role to improve feeding practices and thus overall child health outcomes.

In Nama Sub-county data revealed that 42.5% strongly agreed, and 29.7% agreed that community kitchens or feeding programs can provide nutritious meals for children under five in low-income areas, totaling 72.2%. This reflects a belief in the effectiveness of community-based initiatives in addressing food insecurity and malnutrition among vulnerable populations. With 12.2% unsure and 15.6% disagreeing, the data indicates a strong community interest in establishing or supporting programs that directly provide food assistance to those in need.

According to the survey, 40.5% of people strongly agree and 33.4% agree that community resilience, including access to resources and social support, is an important factor in order to ensure children under six can grow up well-nourished in Nama Sub-county. This means that more than 73.9 percent of people in the statistical area rely on children to help them gather food or fill up their stores at some point in life. It does not mean, for example, that a natural disaster will result in all members of a community being submerged. In short this is the state of a society, one where moral authority is broad and unbreakable. From this it follows naturally, even perfectly naturally in actual fact, that children must be properly brought up and given enough food. But still, given the fact that 13.3% regard traditional access channels as unnecessary and 12.7% do not know which way to turn, we can see that if communities do not have the means for external assistance their kids will be under-nourished.

4.3.3 The nutritional Status of Children Under Five?

One of the objectives of this study established nutritional status of malnutrition among children under the age of five in Nama Subcounty, Mukono District. This research sought to assess key indicators of malnutrition, such as stunting, underweight, and micronutrient deficiencies, The results are tabulated in table 4.9

What is the Nutritional Status of Children Under Five	AGREE		NOT SURE	DISAGREE	
	F (%)	F (%)	F (%)	F (%)	F (%)
The prevalence of stunting among children under five is a major concern in this community.	140 (39.7%)	120 (34.0%)	45 (12.7%)	28 (7.9%)	20 (5.7%)
Underweight is a common issue observed in children under five in this community.	135 (38.2%)	125 (35.4%)	40 (11.3%)	30 (8.5%)	23 (6.5%)

Micronutrient deficiencies (such as iron, vitamin A) are prevalent among children under five.	150 (42.5%)	105 (29.7%)	43 (12.2%)	35 (9.9%)	20 (5.7%)
Children under five receive adequate and balanced nutrition from their daily meals.	120 (34.0%)	130 (36.8%)	50 (14.2%)	20 (5.7%)	33 (9.3%)
The community has sufficient access to nutritious food to support the growth of children under five.	130 (36.8%)	110 (31.2%)	20 (5.7%)	40 (11.3%)	53 (15.0%)
There is a high prevalence of diseases related to malnutrition among children under five.	120 (34.0%)	145 (41.1%)	28 (7.9%)	20 (5.7%)	40 (11.3%)
Efforts to improve child nutrition are effectively implemented in this community.	130 (36.8%)	125 (35.4%)	20 (5.7%)	48 (13.6%)	30 (8.5%)

Source: primary data, 2024

Table 4.9 revealed that in Nama Sub-county, the prevalence of stunting among children under five is a significant concern, as indicated by the data. A combined total of 140 respondents (39.7%) strongly agreed that stunting is a major issue, and 120 respondents (34.0%) agreed with this sentiment. This suggests that over 70% of the community acknowledges the severity of stunting, highlighting its widespread recognition as a public health issue. However, there is a smaller percentage (12.7%) who are uncertain about this, and even fewer who disagreed or strongly disagreed, with 7.9% and 5.7%, respectively. This reflects that while the majority of the population is aware and concerned about stunting, a small portion might either lack sufficient information or not observe the issue.

The issue of underweight among children under five is similarly concerning Nama Sub-county. Here, 135 respondents (38.2%) strongly agreed that it is a common issue, and 125 (35.4%) agreed.

This indicates that nearly 74% of the respondents recognize underweight as a prevalent issue, signaling its importance in the community's health discussions. Only a small fraction (11.3%) are unsure, and 15% (combined) either disagreed or strongly disagreed, which shows a general consensus on the matter, though there is still a minority that might not fully perceive the problem.

Attest the moment, 150 (42.5%) of respondents strongly agreed with this view and 105 (29.7%) agreed so that malnutrition deficiencies are common. Over 70% of the respondents thus can be described as aware about a nutrient squeeze. A smaller percentage of people (12.2%) are unsure. And given the 9.9% and 5.7% respectively who do not agree or strongly disagree, these would seem to be but a lone raindrop amidst an ocean of opinion. This awareness of micronutrition backlash is quite strong, but there remains a small group that may either lack this sense or because of an unusual physical environment may yet experience such problems.

A total of 120 respondents (34.0%) strongly agreed , and 130 (36.8%) agreed that the nutrition provided is adequate. Together, these responses account for about 70% of the population, indicating a reasonable level of confidence in the nutritional adequacy. However, 14.2% are unsure, and 15% (combined) disagreed or strongly disagreed, reflecting some concerns or doubts within the community regarding the sufficiency and balance of the nutrition being provided.

Access to nutritious food is another critical issue in Nama Sub-county with 130 respondents (36.8%) strongly agreeing, and 110 (31.2%) agreeing that the community has sufficient access to such food. This suggests that a majority, 68%, believe there is adequate access to nutritious food, though this figure leaves room for concern, as 15% strongly disagreed, and another 11.3% disagreed, indicating that a notable minority of the community struggles with accessing nutritious food. A small percentage (5.7%) are uncertain, which further highlights the variability in experiences and perceptions among the community members.

The data showed a significant 41.1% (145 respondents) strongly agreed, and 34% (120 respondents) agreed with this statement. Together, this majority (75.1%) indicates widespread concern about malnutrition-related health issues. A smaller portion of the community (7.9%) is unsure, and 17% (combined) disagreed or strongly disagreed, which shows that while the majority is concerned about these diseases, there is still a segment of the population that may not see these health issues as prominently.

The data also showed that totally 130 respondents (or 36.8% of total response) thought that the dreams were effectively implemented and 125 (35.4%) concurred. This makes up about 72% of the respondents, suggesting that most people believe in the positive impact of the measures in place. However, 5.7% are uncertain, while the combined 22.1% (13.6% noncommittal and 8.5% strongly dissenting) believe this may not be as strong an effort as it should have been. Taken as a whole, this seems quite favorable; yet there is significant doubt which may reflect discrepancies in implementation or communication concerning these programs.

4.3.4 Responses from Healthcare providers, Caregivers and people around mukono

The healthcare professionals in Nama Subcounty, Mukono District, expressed deep anxiety about the nutritional state of children under five, describing it as a critical issue that affects everyone's health in a wider sense. They went on to say a large proportion of children in this age group were stunted, underweight or had signs of micronutrient deficiencies like vitamin A, iron and iodine. The healthcare professionals attributed these conditions to a combination of factors that included eating practices. Poor dietary practices were one such factor; while the children was fed chiefly on starchy staples such as cassava and maize without vegetables, fruits or proteins. However, the participants felt that a lot of carers had no adequate knowledge about what is proper food for children. Often eating habits were passed down from one generation to another and were predicated more on things orients. However hard health care institutions might have tried to provide such advice at the immunization clinics, or given help in following it up through growth monitoring programs, these providers said that they could only go some part of the way because poverty was present throughout China and basic conditions were impossible there. This was especially true in the remote areas where access to medical facilities of any size is all but nonexistent. Ideally they believed that only a combination of wider community health education and healthcare projects carried out within this framework could improve things noticeably.

Caregivers, primarily mothers and guardians, offered insights into the influence of the community on the nutritional status of children under five. Many caregivers highlighted that cultural norms and traditional beliefs played a significant role in shaping their children's diets. Some foods that were essential for growth, such as eggs, meat, and certain vegetables, were either considered expensive or, in some cases, culturally inappropriate for young children, especially those under the age of two. Caregivers shared that the community's social pressures often discouraged them from

feeding children these foods, as some elders believed such foods could lead to undesirable traits, like being "too stubborn" or "overactive." Additionally, caregivers noted a lack of community support in promoting good nutrition, as most people in the area were more focused on subsistence farming and survival rather than advocating for balanced diets. They also mentioned that knowledge sharing within the community was low, and only a few households had access to updated information on child nutrition. Moreover, some caregivers felt socially isolated in their efforts to improve their children's diets, as other members of the community were either indifferent or unaware of the importance of proper child nutrition.

In Nama Subcounty, community members realized undoubtedly how the economic background led to children under five suffering from malnutrition. People reflected that the mass impoverishment found in the region led to many families simply being unable at all times of the year to provide children with an adequate diet. Since livelihoods are dependent on farming, food insecurity is a problem which never disappears - it goes unresolved from year to year. Such changes are borne out by looking back over changes made at government level over twenty years and regional influences in these issues. Indeed, one of the interviewees did mention that even when there is food around it often is very low in nutrients such as protein which are important for growing children. Staple foods like cassava, maize and sweet potatoes give a lot of energy—but little else that's needed. Families experienced economic hardship when it came to getting healthcare services. Economic hardships also affected families' access to healthcare. Nor could many families afford to visit the clinics or hospitals; so malnutrition was often not recognized or treated until it was life-threatening. Again, community members pointed out that the price of nutritious food in local markets was high; things like milk, fruit and animal protein were not within reach for most households. They also talked about the lack of employment opportunities and relatively limited sources of income. This meant that families continually had to weigh off their elemental needs: housing against education, food and water. Therefore most households were stuck in this vicious circle wherein malnutrition and poverty interacted, with an end result being some of the highest rates anywhere in Our Land.

CHAPTER FIVE

DISCUSSION OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This section presents discussion of findings, conclusions and recommendations of the study basing on the study findings.

5.1 Discussion of finding

5.1.1 The effect of social factors on malnutrition in children under five in Nama Sub County, Mukono District.

The study aimed to learn how social factors such as parental education and household income shape under- five stunting for children. For instance, with lower parental education levels often come limited understanding of nutrition needs and health behaviour, raising the risk of malnutrition (Wamani et al., 2004). In addition, low household income makes it more difficult to provide a balanced diet for the children and get needed medical care. That in turn raises the risk of malnutrition among youngsters aged under five (Ndugwa & Zulu, 2008). These findings underscore the need to strive for greater equality between social strata if we hope to improve nutritional outcomes for kids living in Nama Sub-county.

5.1.2 The effect of economic factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District.

The findings underline the close connection between child nutritional status and household economic position. In financially challenged households, particularly those with low income or no

regular money arriving from the adult labor force, and access to financial resources limited by unemployment; malnutrition is much more widespread. Poor households cannot afford a variety of nutritious foods without spending money on anything else and feed primarily on cereals grown at home but they produce little to no vegetables or fruit because it costs money for dried meat which can easily lead them back into bad habits. As a result, the children suffer from malnutrition and can be stunted in growth even before they reach school age. Financially difficulties also mean restricting people's access to health care, which is vital for both preventing and controlling malnutrition. Such findings underpin the necessity for improving the economic conditions at household level to combat hunger and protect children.

5.1.3 The influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono District

It is concluded from the findings of the Research that community factors have a significant influence on children's nutritional situation. Such factors as social networks, cultural traditions and community support systems indeed exert a strong influence over practices, development of feeding-related problems, health behaviours and so on. Communities where people are closely connected and work together effectively can do more to support successful nutrition outcomes by endorsing patterns like breastfeeding or appropriate weaning. They can also offer essential nutritional information and resources to family members. However in those communities where harmful cultural practices such as early weaning or food taboos prevail, children's diets will border on the protein-deficient side more likely than not. To improve the nutrition status of children in Nama Subcounty, it is necessary to change these negative cultural practices while reinforcing beneficial community forces.

5.2 Conclusions

Based on the findings from Chapter Four and the testing of the hypotheses, the following conclusions can be drawn:

- Findings suggest that the educational qualifications of parents and their household incomes have a significant impact on children's nutritional health. Analysis shows that among the social determinants, the educational level of the parents, family composition and accessible

information are critical drivers of nutritional status among children. Children from families with less educated parents who also have lower social status tend towards malnutrition in light of poor knowledge about nutrition and reduced access to health care. Consequently, improving educational facilities and assembling a social support system within the regions themselves will have an important role in lowering child malnutrition rates.

- The study's findings confirm that socio-economic conditions are the pivotal factor in malnutrition of children under five. Economic hardships like low house hold revenue and joblessness were closely associated with malnutrition. Lack of funds has direct consequences insofar as families are unable to provide their children enough to eat, let alone access to either healthcare or good quality food. This shows that even the economy can play a big role in improving malnutrition-whether economic measures such as initiatives promoting the anti-poverty effort, better access to financial facilities should be sought area under investigation is still an open question.
- These studies indicate that the nutritional status of children under 5 years age in Nama Subcounty is definitely affected by community. The nature of this association is explicit. Community factors, including social networks and cultural practices as well as shared resources from a on-the ground perspective play a crucial role in shaping children. Positive community dynamics The power of community: Shared wisdoms and supportive practices can help ameliorate malnutrition. Socially at least, the system supports this. The more communal orientations and shared activities a home has, the richer its fish share; not to mention that when all these things are going well in one area (health included), people assume others are doing enough. Malnutrition is exacerbated by negative cultural norms. Tackling community-based initiatives and changing harmful cultural practices are important strategies for improving child nutrition in Nama Sub county.

In conclusion, this survey shows that in Nama Subcounty fine social, economic, and community factors all cause the acute childhood malnutrition of children with such severe illness gurgling. Factors such as parental education and household composition influence nutrition; factors which

economically encompass income levels and type of work represent the economic determinants; community dynamics all contribute to shaping child health. Through targeted interventions to address these factors, such as improving educational opportunities, increasing economic support and fostering a positive community atmosphere. In the region, malnutrition rates can be significantly reduced and children will become healthier overall. To cure malnutrition and promote good standards of living for children in Nama Subcounty, this must integrate all aspects mentioned.

5.3 Recommendations

5.3.1 Recommendations for policy Makers.

Based on the findings and conclusions drawn, the following recommendations can be made:

- a) Programs for community outreach and education should be given top priority by policymakers in order to alleviate the influence of social factors on child malnutrition. Improving parental education can raise awareness and comprehension of dietary requirements and health habits, especially in rural settings. Putting in place initiatives that offer parenting classes and nutrition education can enable families to seek out the right medical care and make healthier food choices. Furthermore, bolstering social support networks, such neighborhood support groups and community health professionals, can help distribute vital information and resources to families, which will ultimately lower the incidence of childhood malnutrition.
- b) Policy makers should focus on economic development and poverty alleviation strategies. Increasing household income through job creation, microfinance opportunities, and social safety nets can help families afford nutritious food and access healthcare services. Additionally, implementing targeted subsidies or vouchers for essential food items can alleviate financial barriers to a balanced diet. It is also crucial to develop comprehensive social protection programs that address the needs of vulnerable populations, ensuring that economic constraints do not hinder children's nutritional health. (Second Hypothesis).

- c) Policy makers should support community-driven initiatives and cultural transformation programs. Investing in community-based health programs that promote positive dietary practices and address harmful cultural norms can improve child nutrition outcomes. Facilitating community engagement and dialogue to promote healthy practices and dispel misconceptions about nutrition is essential. Furthermore, strengthening local health infrastructure and enhancing community participation in health interventions can build a supportive environment that fosters better nutritional outcomes for children. Encouraging collaboration between local leaders, health professionals, and community members can lead to more effective and sustainable improvements in child nutrition.

5.3.2 Recommendations for further studies

Certainly, here are some recommendations for further research based on the findings and limitations of the current study:

Most research from now on will have to be more comprehensive than that done recently, which looks relatively only at any single relationship. Scholars and most authors expect to benefit from the use of a combination of research methods— and even mixing methods. Equating scholastic and grand manner styles, longevity studies can be made in these three areas. It is of course a welcome bonus for policy and practice to know how effective any measure designed, say, to promote neighborhood networks, educate parents or tide over low income groups might be. But this is also where concrete experiences should be collected. Furthermore, to determine the actual issues, to figure out which remedies to use, research in Mukono District needs put emphasis on regional differences. A much more thorough understanding of child malnutrition may also be derived from examining the impact of various other factors on children's nutritional status. Take for example access to technology and the local environment.

APPENDIX

Appendix I: Study Questionnaire For Households.

Dear Respondent,

My name is **kasoby Kevin**, pursuing a **BACHELOR'S DEGREE IN SOCIAL WORK AND SOCIAL ADMINISTRATION**, registration number **J22B15/040** from Uganda Christian University Mukono. You have been selected as one of the respondents in this research as I am investigating the impact of socio-economic factors on malnutrition in children under the age of five using Nama Sub-county as my case study. All responses given are for educational purposes thus are considered confidential.

INSTRUCTIONS

Tick and fill in where necessary.

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender

- a) Male
- b) Female

2. Marital status

- a) Married
- b) Single

3. Age bracket (years)

- a) 18-24
- b) 25-34
- c) 35-44
- d) 55 and above

4. Academic qualifications

- d) No formal education
- e) Primary
- f) Secondary
- g) Bachelor's degree
- h) Certificate / diploma

i) PhD

5. Household size (Number of people living in the house)

d) 1-3

e) 4-6

f) 7-9

g) 10-12

6. For how long have you lived in Nama sub-county, Mukono District?

a) Less than a year

b) 1-3 years

c) 4-6 years

d) Above 6 years

SECTION B: What are the effect of social factors on malnutrition in children under five in Nama Sub county, Mukono District.? (Tick as Appropriate)

Indicate the extent to which you agree with the following observations on the effect of social factors on malnutrition in children under five in Nama Subcounty, Mukono District in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Table 4.1: The effect of social factors on malnutrition in children under five in Nama Subcounty, Mukono District.

Scale	5	4	3	2	1
Social stigma associated with malnutrition may prevent families from seeking help.					
Lack of community support for single mothers can result in inadequate nutrition for their children	5	4	3	2	1
Infectious diseases, such as malaria, can exacerbate malnutrition by increasing nutrient needs	5	4	3	2	1
Social exclusion of certain groups can result in unequal access to food and healthcare services	5	4	3	2	1
Gender inequality may result in boys being favored over girls for food distribution within households.	5	4	3	2	1
Food insecurity in households forces families to rely on less nutritious, calorie-dense foods.	5	4	3	2	1
Unemployment among parents reduces income, limiting the ability to purchase nutritious foods.	5	4	3	2	1
Poverty limits access to nutritious food, leading to malnutrition in children under five.	5	4	3	2	1

SECTION C: What the effect of economic factors on malnutrition among children under the age of five in Nama Subcounty, Mukono District? (Tick as Appropriate)

Indicate the extent to which you agree with the following observations on the effect of economic factors on malnutrition among children under the age of five in Nama Sub county, Mukono District in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Scale	5	4	3	2	1
Income levels have a direct impact on nutritional outcomes among children	5	4	3	2	1
Food prices can significantly affect low-income households, where a rise in prices can reduce access to essential nutrients	5	4	3	2	1
Economic inequality within a community can exacerbate malnutrition, with poorer households being more vulnerable	5	4	3	2	1
Agricultural prices impacts food availability and prices; low productivity can lead to higher food costs and malnutrition in children	5	4	3	2	1
Economic shocks, such as sudden job loss or natural disasters, can severely impact a family's ability to provide adequate nutrition for their children	5	4	3	2	1
Cost of healthcare can be prohibitive for low-income families, leading to untreated illnesses that exacerbate malnutrition	5	4	3	2	1
High leaving costs in urban areas can force low-income families to cut back on food spending, contributing to malnutrition	5	4	3	2	1
Lack of economic opportunities in rural areas forces households to rely on subsistence farming, which may not provide adequate nutrition	5	4	3	2	1

SECTION D: What are the influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono District? (Tick as Appropriate)

Indicate the extent to which you agree with the following observations on what are the influence of the community on the nutritional status of children under five in Nama Subcounty, Mukono District in Uganda on a scale of (1) = strongly disagree, (2) = disagree, (3) = not sure (4) = agree (5) = strongly agree.

Scale	5	4	3	2	1
public health infrastructure plays a crucial role in determining child nutritional outcomes					
the quality and availability of public health infrastructure are well-established determinants of child nutrition					
cultural beliefs and practices significantly impact child nutrition	5	4	3	2	1

The physical environment also plays a critical role in determining child nutrition	5	4	3	2	1
Community health programs should focus on educating parents about the importance of early childhood nutrition	5	4	3	2	1
Community support groups can play a significant role in promoting healthy feeding practices for children under five	5	4	3	2	1
Community kitchens or feeding programs can provide nutritious meals for children under five in low-income areas	5	4	3	2	1
Community resilience, including access to resources and social support, is vital for ensuring the nutritional well-being of children under five	5	4	3	2	1

SECTION E: Nutritional Status of Children Under Five

Indicate the extent to which you agree with the following statements about the nutritional status of children under five in Nama Subcounty, Mukono District, Uganda. Use the scale where: (1) = Strongly Disagree, (2) = Disagree, (3) = Not Sure, (4) = Agree, (5) = Strongly Agree.

Scale	5	4	3	2	1
The prevalence of stunting among children under five is a major concern in this community.	5	4	3	2	1
Underweight is a common issue observed in children under five in this community.	5	4	3	2	1
Micronutrient deficiencies (such as iron, vitamin A) are prevalent among children under five.	5	4	3	2	1
Children under five receive adequate and balanced nutrition from their daily meals.	5	4	3	2	1
The community has sufficient access to nutritious food to support the growth of children under five.	5	4	3	2	1
There is a high prevalence of diseases related to malnutrition among children under five.	5	4	3	2	1
Efforts to improve child nutrition are effectively implemented in this community.	5	4	3	2	1

I would like to extend my sincere appreciation to all participants for their time and valuable insights. Your input has been instrumental in providing a deeper understanding of the factors influencing the nutritional status of children under five in Nama Subcounty. Your contributions are integral to the success of this study and will inform efforts to improve child nutrition in the community.

INTERVIEW GUIDE

Dear Participant, my name is Kasobya Kevin, a student of BSWSA at Uganda Christian University, Mukono. I am conducting a research exercise on the socio-economic factors contributing to malnutrition among children under the age of five in Nama Subcounty, Mukono District. The aim is to understand the impact of these factors to inform interventions and policies aimed at reducing malnutrition in this community. Your participation in this study is voluntary, and all information collected will be kept confidential and used solely for academic purposes. I seek your consent to participate in this data collection exercise.

Section 1: Building Rapport

1. Introduction Could you please share a little about yourself and your role in the community?
2. How long have you been involved in community development in Nama Sub-county?

Section 2: Demographic Information

1. What is your current occupation, and what does it involve?
2. How many years of experience do you have in your current role?

Section 3: Socio-Economic Factors

1. In your opinion, how do household income and employment status affect child nutrition in Nama Subcounty?
2. How does the education level of parents, particularly mothers, influence the nutritional status of children under five?

Section 4: Cultural and Social Factors

1. What cultural or religious practices significantly influence child feeding practices in this community?
2. What main barriers do families face in accessing health and nutrition-related services here?

Section 5: Health and Nutrition-Related Factors

1. What are the most common signs of malnutrition you observe among children under five in Nama Subcounty?

2. How frequently do you conduct growth monitoring and nutritional assessments for children, and what challenges do you encounter?

Section 6: Malnutrition Indicators

1. What do you believe are the primary contributors to malnutrition among children under five in this community?

2. How do fluctuations in food prices affect the nutritional outcomes for children in Nama Subcounty?

Section 7: Recommendations and Additional Comments

1. Based on your experience, what recommendations would you make to reduce malnutrition in Nama Sub-county?

2. Are there any additional comments or insights you would like to share regarding malnutrition in this area?

Thank you for your time and valuable insights. Your participation is crucial in helping us understand the factors affecting child malnutrition in Nama Subcounty and in developing effective strategies to address this issue.



UGANDA CHRISTIAN UNIVERSITY

A Centre of Excellence in the Heart of Africa

September 2nd, 2024

TO WHOM IT MAY CONCERN

Dear Sir/Madam

Re: INTRODUCTORY LETTER FOR RESEARCH

This is to introduce to you **KASOBYA Kevin** Registration number **J22B15/040**, a student of Uganda Christian University, pursuing Bachelor's degree in Social Work and Administration. He is expected to carry out research in the final year under the guidance of a university supervisor in partial fulfillment for the requirements of the above mentioned award.

Topic: "The Impact of Socio-Economic Factors on Malnutrition in Children under the age of Five in Nama Sub County, Mukono District."

The purpose of this communication is to request your office to allow him collect data from your organization. Any assistance rendered to him will be highly appreciated.



Doreen Kukugiza
Coordinator, Research & Fieldwork Programmes
Tel: 0773395349
Email: dkukugiza@ucu.ac.ug

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