Feeding Practices and Nutritional Status of Children Aged 0-59 Months Accompanying Incarcerated Mothers in Selected Women's Prisons in Kenya

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Abstract:
Infant and young child feeding practices have substantial consequences for the growth, development, and survival of infants and children. Children should be exclusively breastfed for the first 6 months of life and thereafter continue to breastfeed for 2 years or longer. Children are vulnerable to malnutrition thus nutrition and health status of the confined children is of interest. The purpose of this study was to establish the feeding practices and the nutritional status of children aged 0-59 months incarcerated with their mothers in selected women's prisons in Kenya. A cross-sectional analytical study was conducted on an exhaustive sample of 202 children and 193 mothers, drawn from a sample of eight out of the 35 women prisons in Kenya. Data collection tools included: a structured researcher-administered questionnaire for mothers and children; key informant interview schedules, focus group discussion guides (FGDs) and observation checklist. The questionnaire was used to collect information on feeding practices, anthropometry, morbidity prevalence and health seeking behaviour for the children. The FGDs solicited information on mothers perceptions on the adequacy of health and nutrition services accorded to their children. Quantitative data was analyzed using SPPS for windows version 17.0. Nutritional status data was entered and analyzed in ENA for SMART (2008) software and interpreted using the WHO Standards (2006). Data on dietary intake was first entered and analyzed using Nutri-Survey software, after which it was exported to SPSS for cross-analysis with nutritional status. Exclusive breastfeeding rate was 69.4% and continued breastfeeding at 1 year (88.5%) and at 2 years (52.2 %). For complementary feeding practices, the mean Dietary Diversity Score (DDS) was 3.52 ± 1.04 foods groups out of 7 groups with 53.3% having attained the minimum DDS and 86.5% of breastfed children having attained the minimum frequency meal consumption. About half of the children (48.6%) attained the minimum acceptable diet. A large percentage (76.9%) of the children suffered from upper respiratory infection and 21.3% from diarrhoea. In terms of nutritional status, 21.4% of the children were stunted, 3.8% wasted and 7.5% were underweight. Dietary practices were associated with underweight; children who had attained the minimum meal frequency were more likely to be underweight (p=0.030); those who had not attained the minimum dietary diversity were more likely to be underweight (p=0.012); and those who did not attain the minimum acceptable diet were more likely to be underweight (p=0.014). Children who had been ill based on a two-week recall were also more likely to be underweight (p=0.012). The children of mothers with higher educational status tended to be more wasted (p=0.019) and also underweight (p=0.020). Educational level of the mother did not therefore positively influence the nutritional status of their children in such an environment. Feeding practices significantly influenced nutritional status among children accompanying incarcerated mothers in prisons in Kenya. The government and other stakeholders should formulate policies that govern the health care and feeding practices of children incarcerated with their mothers in prisons. Similar research should be replicated especially to determine the micro-nutrient status of the children.