

Original Research Article

Demographic, House Environment Factors and diseases of Malnourished Infants Under Six Month of Age at Elobied, North Kordofan State-Sudan

ABSTRACT:

This study was conducted at ElfatihElnour Health Centre, Elobied, Sheikan locality, North Kordofan State, Sudan. The study aimed at assessing the demographic, houses environment factors and diseases of malnourished infants under six months age. Forty five infants were selected randomly from the total population of 150 ones who visited the centre during fifteen days. Primary data were collected using questionnaire and observations. Data were analyzed using Statistical Package for Social Sciences (SPSS) program version (16). According to number of respondents' family members, study results revealed that the families were categorized into small (22%), medium (47%) and large (31%). Regarding number of under-five children belonging to household, 42% of them had one and with the same ratio had two ones. In case of education level of the respondents' mothers, 49% of them were primary school educated, 20% secondary school educated and 20% university graduates. Concerning fathers of respondents, 47% of them were primary school educated, 38% secondary school educated and 7% university graduates. With regard to father's respondents' occupations, most of them (84%) were free work and all mothers were housewives. Regarding diseases suffered by respondents, 40% of them suffered from inflammation, 26% from fever and 34% from diarrhea. The sources of water used in respondents' houses were excavation (*hafeer*) (4%), ground water (31%) and tap water (65%). All respondents' houses had latrines which included siphon (53%) and traditional (45%) ones. Statistical analyses showed that there were significant relationship between number of respondent's family members and level of mother education with correlation coefficient of 0.67 at $p < .05$, type of latrine and diseases infected respondents with correlation coefficient of 0.73 at $p < .05$ and source of water and diseases infected respondents at $p < .05$. It can be concluded that family size was medium, number of children per family were one or two and education level of parents was primary school. Occupation of fathers and mothers were free work and housewife, respectively. Children suffered from inflammation, fever and diarrhea. Mostly,

source of water used by respondents was tap water and they had latrines. Further studies are needed in the other centers of the city.

Keywords: Demographic, Malnourished, Under six month, Gender, Age, Occupation, Diseases, Latrine.

INTRODUCTION:

Child malnutrition is internationally recognized as an important public health indicator for monitoring nutritional status and health of population. The devastating effects of malnutrition on human performance, health and survival well established today [1].

The United Nations Food and Agriculture Organization (FAO) estimated that about 840 million people are malnourished in the developing world and children under 5 years of age are the most susceptible [2].

Malnutrition in children is the consequence of a range of factors that are often related to poor food quality, insufficient food intake, and severe and repeated infectious diseases, or frequently some combinations of the three. Growth assessment thus not only serves as a means for evaluating the health and nutritional status of children but also provides an indirect measurement of the quality of life of an entire population [3].

Infants are at increased risk of malnutrition starting from six months when breast milk alone is no longer sufficient to meet all the nutritional requirement of infants. Children living in most developing countries are introduced directly to the regular household diet made of cereal or starchy root crops which is a major cause for the high incidence of child malnutrition, morbidity and mortality [4].

Abdelnour[5] showed that diarrheal episodes were common among malnourished children. But children whose main food was breast milk had lower rate of diarrheal episodes than those children fed on powdered milk. The study also showed that children who were fed on breast milk had the lowest incidence of anemia.

Naylor [6]reported that breastfed children are less susceptible to pneumonia, allergies, asthma, childhood diabetes, gastrointestinal illness, and infection, and have lower rates of childhood cancers such as leukemia and lymphoma. Breast milk is also easy and convenient as it requires no sterilization or special equipment, or heating. Breastfeeding saves money as need for infant formula is reduced; it decreases the burden on the care system through eliminating the expense of infant formula and reduced hospitalization rates.

According to UNICEF [7]five infectious diseases (pneumonia, diarrhea, malaria, measles and AIDS) account for more than one – half of all deaths in children aged less than 5 years malnutrition increase

diarrhea incidence and duration. Moreover malnutrition increases the risk of mortality from diarrheal and acute lower respiratory infection in children less than 2 years of age. Inadequate nutrition during the first two years of life may lead to childhood morbidity and mortality, as well as inadequate brain development [8].

The UNICEF [9] revealed that breast milk is the perfect food for infants in the first six months of life. It also protects the baby from the leading causes of infant death: respiratory infections and diarrhea. Breast milk also stimulates the immune system and response to vaccinations.

Objectives of the study: This study was carried out to evaluate the demographic, house environment and diseases of infants under six months of age.

MATERIAL AND METHODS:

Study Area: This study was conducted at Elfatih Elnour Health Centre, Elobied, Shikan locality, North Kordofan State, during the period (2018 – 2019). North Kordofan State is located in central western Sudan at the northern edge of the Savanna belt. Sharing borders with South and west Kordofan States. Elobied town is located in North Kordofan State, between longitudes 27° – 54° East and latitudes 12° – 93° North [11].

Sampling techniques: According to Balal *et al.* [10] forty five infants were selected randomly, as a study sample, from the total population who visited the center during fifteen days (approximately 150), using the following equation:

$$N = \log \left(1 + \frac{t^2 \cdot k}{e \cdot d} \right)$$

Where:

N = size of the sample

$\alpha = 0.01$

n = monthly target

Inclusion criteria: All infants of age 0 - 6 months who visited the center to follow up the growth monitoring.

Exclusion criteria: More than 6 months children and parental refusal to participate in the study.

Data collection: The data of this study were collected via primary data which was done via a questionnaire that designed to contain full information about the demographic, house environment and diseases of Infants under six months of age. In addition to secondary data which was collected from books, journals, reports and previous studies.

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Statistical analysis

Data was analyzed by using statistical package for the social sciences (SPSS) software version 16 (percentage, frequency and coefficient correlation). Appropriate test to significant to the 5 % level is used [11].The results were presented in tables and figures.

RESULTS AND DISCUSSION:

Demographic factors:

Gender of respondents: As shown in fig (1), the results of this study showed that the gender of the infants under six months of age, were divided into 34% male and 66% female.

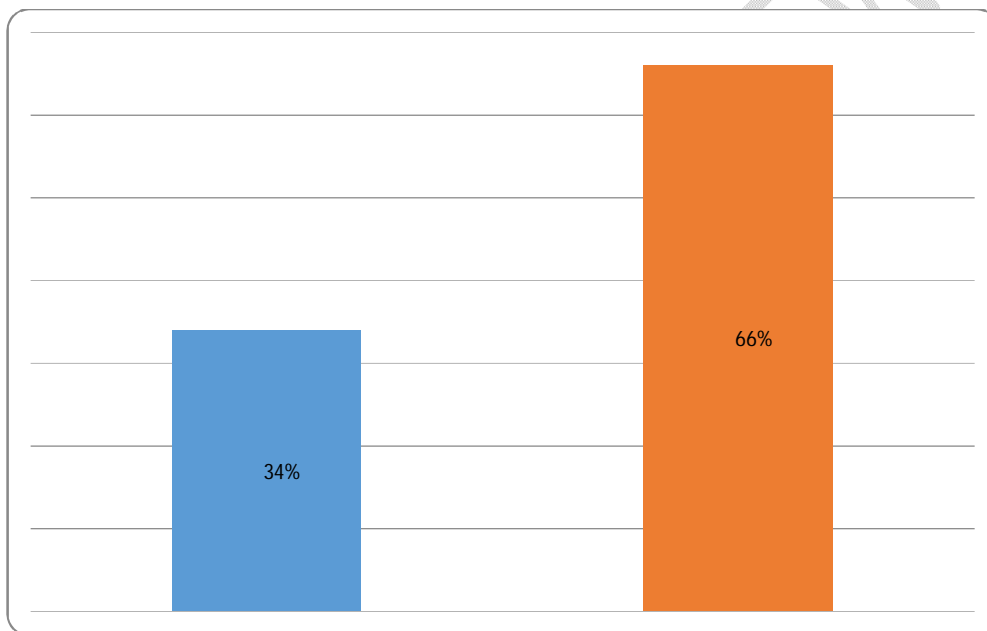


Fig (1) Gender of respondents

Ages of respondents:The findings of this study revealed that 9% of the respondents their age was two months, 44% was three months, 24% was four months and 22% was five months (Fig, 2). Ahmed and Abdelgader[12] revealed that most of malnourished children 73% within the age group of 13-24 month, while 22% were more than 24-59 months, however only 5% less than 12 months.

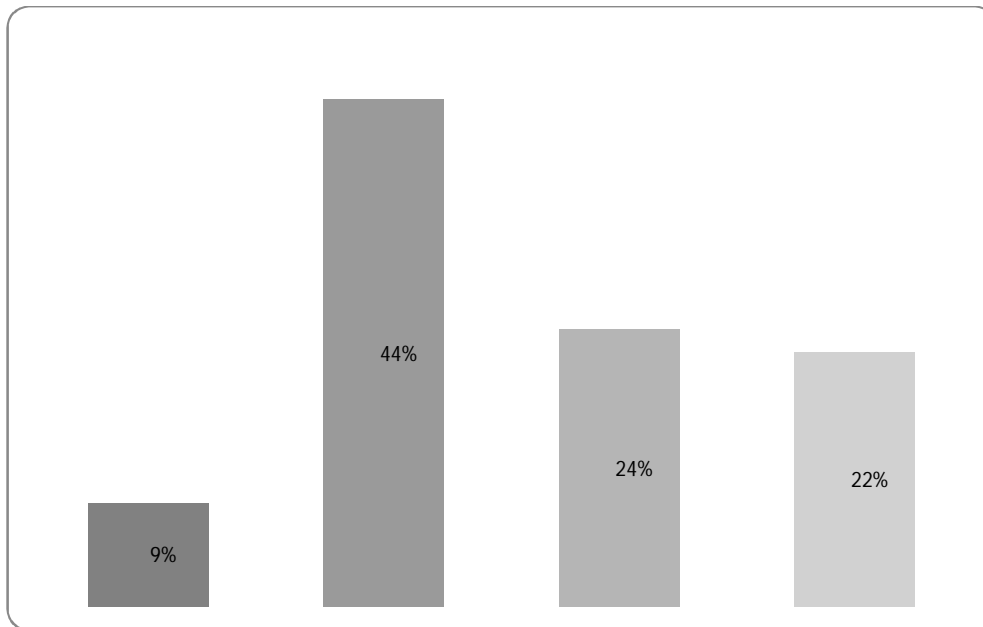


Fig (2) Ages of respondents

Family size of respondents: As presented in fig (3), according to the number of family members the families divided to small family (1-3 individuals) (22%), medium family number(4-5 individuals) (47%) and large family number(more than 5 individuals)(31%). The increment in family members affect the level of care that can be taken by the mothers to their children.

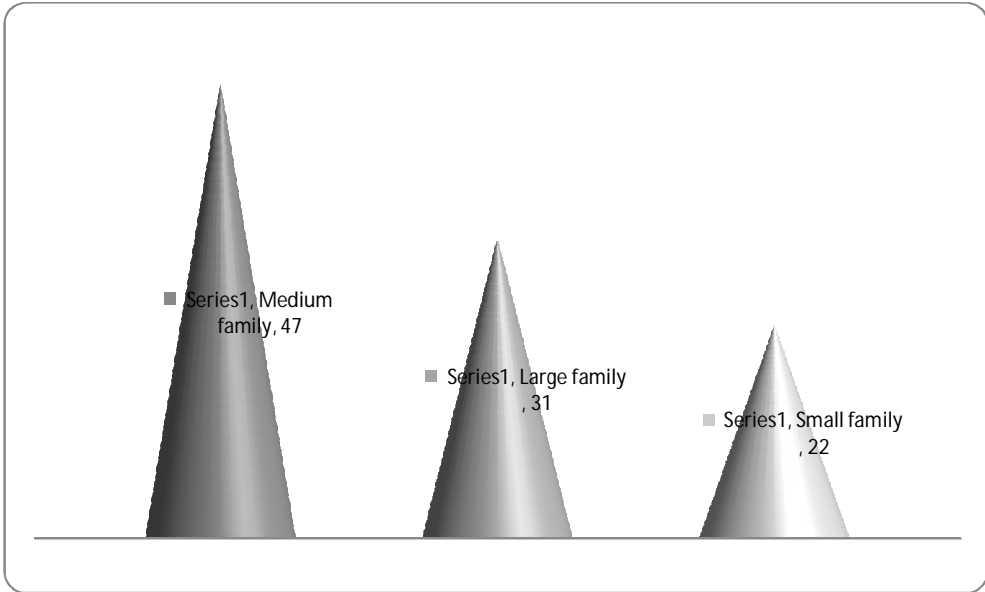


Fig (3) Number of respondents' family member

UNDER PEER REVIEW

Number of under-five children in respondents' household: According to the results of this study, 42% of the households had one child, also 42% of them had two children as well as 16% of them had three or more children (Fig, 4). This decrease in the population of the children is due to the awareness of the mothers about the risk of recurrent delivery for her and her children. Furthermore, the continuous breastfeeding, is favorite and recommended, hence it leads to ideal spacing of normal delivery.

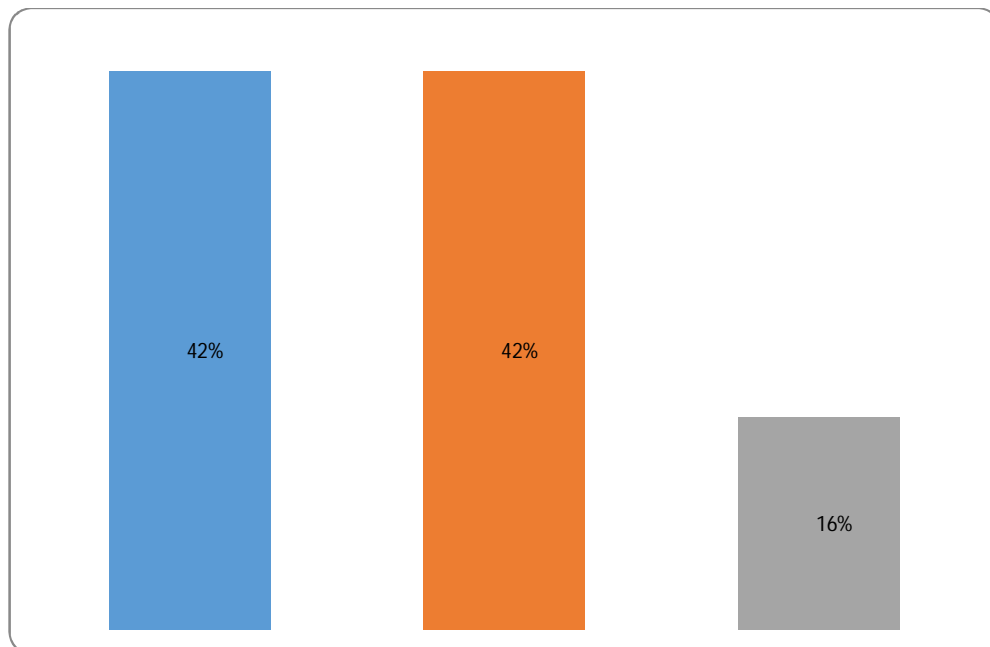


Fig (4) Number of under-five infants in household

Education level of respondents' parents: Concerning the level of respondents' mother education in this study, It is obvious that 9% of them were illiterate, 2% of them were Quran memorization (*khalwa*) level, 49% of them were primary school educated, 20% of them were secondary school educated and 20% of them were graduated from the university (Table, 1). These findings declared that the percentage of primary, secondary and university graduates were the most among the mothers which can help in understanding the awareness of good practices in food and nutrition in general. Regarding the level of respondents' father education in this study, it is clear that 4% of them were illiterate, 4% of them were Quran memorization (*khalwa*) level, 47% of them were primary school educated, 38% of them were secondary school educated, 7% of them were graduated from the university (Table, 1). Most of the fathers had primary,

secondary and university certificates which help in adopting the advices of good practicing of child health and nutrition.

Table (1) Education level of respondents' parents

Level	Frequency	(%)
Mothers		
Illiterate	4	9
Quran Memorization	1	2
Primary School	22	49
Secondary School	9	20
University	9	20
Total	45	100
Fathers		
Illiterate	2	4
Quran Memorization	2	4
Primary School	21	47
Secondary School	17	38
University	3	7
Total	45	100

Occupation of respondents' parents: As shown in table (2), most of respondents' fathers were free work (85%), some of them were employed (7%), and others were traditional farmers (4%) and the rest were sheep herders (4%). Ahmed and Abdelgader[12] reported that most of fathers 70% were traditional farmers and labors workers, while the remaining fathers were traders 30%. In accordance with the study outcomes, all the mothers of the respondents were house wives (Table, 2). Ahmed and Abdelgader[12] revealed that 84% of mothers of malnourished children were housewives, while 16% were employees. This may lead to good care for their children since they have enough time for being more contact with them.

Table (2) Occupation of respondents' parents

Occupation	Frequency	(%)
Fathers		
Free work	38	85
Employee	3	7
Farmer	2	4
Sheep herder	2	4
Total	45	100
Mothers		
Housewife	45	100

Employee	0	0
Free work	0	0
Farmer	0	0
Total	45	100

Sources of water in respondents' houses: As displayed in table (3), the source of water in respondents' houses were excavation (*haffer*) (4%), ground water (31%) and tap water or water net (65%). As declared by Ahmed and Abdelgader[12] 38% of families were drinking tap water and 62% of them from dams. The source of drinking water is very important for health and nutrition status of the human beings. The contaminant water increases the rate of diarrhea and gastrointestinal tract infections and can influence the nutrition status of the infants. Generally, using tap water which is treated with chlorine may ensure minimize or decrease susceptibility to diseases.

Table (3) Sources of water in respondents' houses

Water source	Frequency	(%)
Excavation (<i>Haffer</i>)	2	4
Ground water	14	31
Tap water	29	65
Total	45	100

Latrines and their types in respondents' houses: As shown in table (4), the study results explained that all respondents' houses had latrines (100%). This result is supporting the hygiene aspects of the family. Regarding the study results, the types of latrines in the respondents houses were categorized as follow (53%) were siphon latrine, (45%) were traditional pit and (2%) were other types of latrines (Table, 4.19). Ahmed and Abdelgader[12] indicated that most of malnourished children's families had traditional pit in their houses (68%), while 22% of families had siphons and 10% of them hadn't latrines in their houses. The good types and well-constructed latrines will prevent or minimize the house fly, mosquitoes and other diseases and microbes carriers' dispersion.

Table (4) Latrines and their types in respondents' houses

Variable	Frequency	%
Presence		
Yes	45	100
No	0	0
Total	45	100
Type		
Siphon	24	53

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Traditional pit	20	45
Other type	1	2
Total	45	100

Diseases infected respondents:As presented in table (5), the study findings indicated that 40% of the respondents suffered from inflammation, 26% of them from fever and 34% of them from diarrhea. These symptoms and diseases may be due to lack of personal hygiene, bottle feeding abuse and declining of immunity level. Ahmed and Abdelgader[12] reported that 46% of malnourished children suffered from diarrhea. The diarrhea is considered as a great risk leading to occurrence of malnutrition. Many studies showed that gastrointestinal infections especially diarrhea were very important in incidences of PEM.

Table (5) Diseases infected respondents

Type	Frequency	%
Diarrhea	15	34
Fever	12	26
Inflammation	18	40
Total	45	100

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

According to the study results it can be concluded that the family size was medium, number of children per family were one or two and the education level of parents was primary school. The occupation of fathers was free work whereas of mothers was housewife. The children were suffered from inflammation, fever and diarrhea. Mostly, the source of water used in respondents' houses was tap water and all respondents' houses had latrines.

Recommendations

Based on study results and focused on ways for improving nutritional status of infants, the study recommended that efforts should be made to educate mothers about infant practices and more studies were needed to focus on causes of stunting and wasting.

REFERENCES

1. WHO (2009). Malnutrition and childhood deaths in developing countries. WHO, Geneva, Switzerland.
2. Zacas, D.K. (2007). Nutrition 18th ed, Annual Editions. Mc Graw-Hill, A52001. United States of America.
3. WHO (2012). Global database on child growth and malnutrition. <http://www.who.int/nutgrowthdb/about/introduction/en/index.html>.
4. Dewey and Brown, (2003) international requirement of infants – ELBS and Churchill Pub.co.UK.
5. Abdlnour, S. (1991). Study in nutritional status of a selected sample of Under-five Palestinian children. Jerusalem: UPMRC 51.
6. Naylor, A. (2000). Statement circulated at technical consultation on infant feeding. March 2000, and at the ACC/SCN working group on breast feeding and complementary feeding, Washington, pp. 105-110.
7. UNICEF (1995). UNICEF strategies in water and environment sanitation, UNICEF Executive Board, Annual Session.
8. WHO (2000). The management of nutrition in emergencies. Geneva: WHO, pp. 9-115.
9. UNICEF (1999). Breast feeding foundation for a healthy future pp. 200-234.
10. Balal, M.A., Ahmed, M. and Dafalla, M. (2014). Development of logarithmic equations for statistical sample determination. Journal of empirical studies, consientia Beam, vol1 (1), p.23. 10
11. Duncan D. B. (1955) multiple ranges and multiple F test. Biometrics.
12. Ahmed A. Ismail and Abdelgader F. R. Eltaieb. (2021). Nutritional Status of Children with Severe Malnutrition in Elnohoud Educational Hospital in West Kordofan State, Sudan. J. Nutrition and Food Processing, 4(7); DOI:10.31579/2637-8914/065.

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