

# Knowledge, attitudes and practises of caretakers of malnourished children in Aweil East and North Counties, South Sudan

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## Introduction

Malnutrition is a chronic public health problem in Aweil East and North counties with an estimated prevalence of between 15% and 25%.

Underlying contributing factors include: political instability, poor infrastructures, droughts and floods resulting in low crop yields, poverty and limited awareness of good nutrition and health practices.

At the time of the survey there were six decentralised centres feeding severely and moderately malnourished children below 5 years. As well as feeding activities, nutrition and health education was given in order to improve health and nutrition awareness.

The objective of this survey was to assess knowledge, attitudes and practices of mothers (or caretakers) of children admitted in the feeding programme.

## Methodology

The survey was conducted with the help of Tearfund in Aweil East and North counties in northern Bahr-el-Ghazal region in September 2006. This was two months after the feeding programme started when there were 1472 beneficiaries. The respondents were mothers/caretakers of:

- children aged under 2 years who were in the feeding programme
- breastfeeding children aged less than 6 months.

We selected a sample of 50 children from the 1472 beneficiaries using a systematic simple random sampling method (because the number of the children in each feeding centre was known). We interviewed their mothers/caretakers using a questionnaire to obtain information about their knowledge, attitudes and practices on various nutrition and health topics.

## Results and discussion

### Infant and young child feeding practices

Table 1 shows the responses on child feeding practices

from the 50 respondents. Most (94%) had breastfed their babies within one hour of birth and 6% gave cow milk immediately. 82% breastfed on demand especially during daylight, and 69% breastfed 2-3 times at night.

Based on a 24-hour recall all the children aged above 6 months had eaten some kind of food in the previous 24 hours of which

- 18% took food and milk once a day.
- 58% ate food and 24% drank milk twice a day
- 24% ate food and 28% drank milk 3 to 4 times a day.
- 32% did not take milk at the time of the survey.

No mother used infant formula/powdered milk; 13 were unaware of oral dehydration salt solution (ORS). No child was taking ORS, supplements or medicines.

In response to the question "When do you think it is best to give foods other than breast milk to the children"

58% of the respondents said they gave cow milk before 6 months of age and 40% started at or before the age of 3 months. 24% started complementary feeding after the age of 6 months (these were mainly mothers who had no access to cow milk).

### Knowledge/Attitudes about food rations (Unimix, BP-5 and Plumpynut) and immunisation

All the mothers appreciated the food ration given to their children. They thought it improved the children's health and the children enjoyed the ration more than the local foods at home.

Most mothers had good knowledge and attitudes towards immunisation and said it protected against diseases such as polio and measles. Two mothers did not like immunisations, especially the polio vaccine, because they said it made children sick; one mother said that the child's father was against immunisation because it was against their culture.

### Knowledge about the causes of malaria, diarrhoea and malnutrition

When asked what causes malaria, diarrhoea and malnutrition mothers gave the following responses:

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Table 1. Number and percentages of responses on child feeding practices

Practice	Yes		No	
	N	%	N	%
Breastfed baby less than an hour after delivery	47	94.0	3	6.0
Child was given cows milk immediately after birth	3	6.0	47	94.0
Child was breastfeeding at the time of the survey	39	78.0	11	22.0
For the 39 breastfeeding children:				
Child fed on demand at night	12	30.7	27	69.3
Child fed on demand during daylight	32	82.1	7	17.9
Mother had heard of or seen ORS	37	74.0	13	26.0
24 hours prior to the survey child had taken:				
Plain water	49	98.0	01	2.0
Sweetened or flavoured water	1	2.0	49	98.0
Tea or infusions	13	26.0	37	74.0
Infant formula/powdered milk	0	0.0	50	100
Fresh milk	34	68.0	16	32.0
Other liquids e.g. soup	47	94	3	6.0
Mushy or solid foods like cereals, porridge, stews	50	100	0	0.0
ORS	0	0.0	50	100
Vitamin, mineral supplement, medicine	0	0.0	50	100

- Malaria: 28 (56%) said mosquito bite; the rest did not know (9) or said hunger (7), exposure to cold (3), impure food and water (2), fatigue (2) or rain (1).
- Diarrhoea: 41 (82%) said dirty water or food; 8 did not know and one said teething.
- Malnutrition: 29 (58%) said diseases, 31 (62%) said lack of food; 16 did not know and 2 said 'evil eye'.

**Diarrhoea: prevalence, health-seeking behaviour and feeding**

Respondents were asked:

- "Has your child had diarrhoea in the last 24 hours?" Three (6%) answered yes.
- "Has your child had diarrhoea during the last month?" 9 (18%) answered yes.

Of the 12 children who had had diarrhoea, 9 were taken to a health facility for treatment, 2 to a feeding centre and one was not taken for treatment.

Figure 1 shows that when children had diarrhoea most (>50%) ate, drank and breastfed as normal but that 33% ate less, 25% drank less and 8% breastfed less. Reducing food and fluid intake is an inappropriate way of managing diarrhoea and should be remedied through nutrition and health education.

**Practices related to water and hygiene**

When asked what they did to make water safe, only 2 (4%) of respondents said they boiled their water, 21 (42%) said

they filtered it and 27 (54%) did not treat water at all. Most people said they used treated water for drinking. However, a few also filtered water for bathing to prevent guinea worm infestation. The population receives cloth filters from the Carter Centre in accordance with the eradication of guinea worm policy in the area.

When asked when they wash their hands, only 6 (12%) of respondents said after using the latrine/defecating, 17 (34%) said before preparing food, 41 (82%) said before eating food and 36 (72%) said after eating food (see Figure 2).

When asked when they thought it was necessary to wash

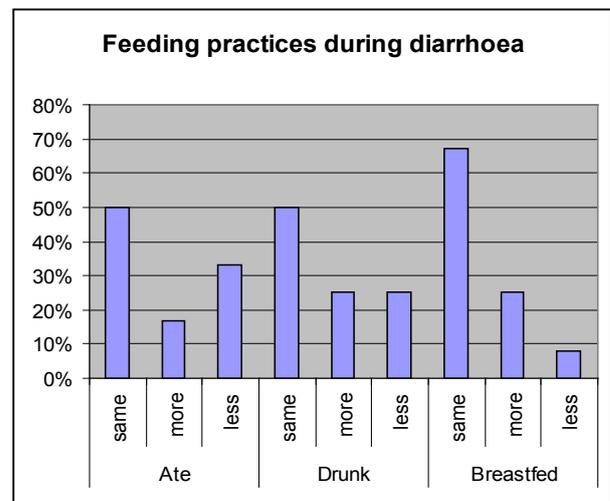


Figure 1. Changes in feeding practices during diarrhoea.

hands with soap, 38% of respondents said after using the latrine/defecating, 8% said before preparing food, 36% said before eating food and the majority (48%) said after eating food. However, only 14 (28%) of respondents said they actually used water and soap to wash hands, and only 6 (12%) after using a latrine; the rest used water alone. Only 9 (18%) used soap to wash dirty utensils.

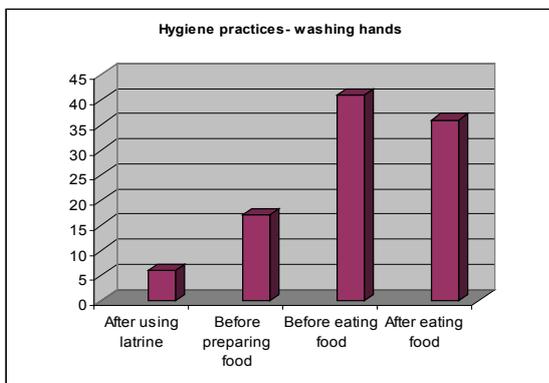


Figure 2. Number of respondents saying when they washed hands.

**Conclusions**

- There were good breastfeeding practices in the community.
- Complementary feeding practises were not very good:
- the majority of children were fed food and milk two or less times a day
- the age at which complementary foods were introduced ranged from one to 12 months; therefore some children received these foods too early and some too late.
- Almost all mothers accepted that immunisation protected against childhood diseases.
- All the mothers thought the food ration improved

their children’s nutritional status.

- For diarrhoea most respondents’ health seeking behaviour was good, but for many its nutritional management was relatively poor. Many either reduced or did not increase fluid or food intake.
- More respondents knew the cause of diarrhoea compared to causes of malaria and malnutrition. However, few had good hygiene practices (hand washing and boiling drinking water) that help to prevent diarrhoea.
- Most people used water without soap for washing their hands and utensils. However the survey did not investigate whether people could afford soap or if they normally bought it.
- As well as attitudes and behaviour, factors like availability and accessibility/affordability of products such as food and soap might have contributed to the low levels of putting knowledge into practice.

**Recommendations**

1. There is need to continue with nutrition and health awareness in the feeding centres as well as in the community through continuous health and nutrition education.
2. The nutrition extension workers should continue to visit the families of the beneficiaries to ensure that mothers and other caretakers put the knowledge acquired into practice.
3. Distribution of soap in the feeding programme remains necessary in order to improve hygiene practices.
4. There is a need to further study complementary feeding practices and to intervene appropriately.

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**MULTI-INDICATOR NUTRITION, HEALTH, WASH AND MORTALITY CLUSTER SURVEY: TWIC COUNTY, WARRAP STATE. 2010**

Each year GOAL in South Sudan conducts a Multiple Indicator Cluster Survey (MICS) at their field sites in Twic County (Warrap State), Agok (Abyei) and Sobat (Ulang and Baliet Counties, Upper Nile State). These give comprehensive and representative data on many indicators including: nutritional status; mortality; morbidity in the last two weeks; immunisation coverage; child feeding practices; household food security; water; sanitation & hygiene; maternal and general health; malaria prevention; HIV/AIDS, and education.

Selected young child-related findings from the recently published MICS survey from Twic County are:

- According to the WHO Growth Standards a quarter of young children were malnourished (GAM = ~25%) and about 6% were severely malnourished.
- Under-5 mortality rate for the 3 months prior to the survey was 1.05/10,000.
- Percent of households where children under 5 years had slept under LLITN the previous night (of households with children under 5 years) was 53%.

*Reference: Jemal Seid. Findings of a Multi-Indicator Nutrition, Health, WASH (Water and Sanitation Hygiene) and Mortality Cluster Survey. March 2010. GOAL. South Sudan. To obtain a copy of this and other MICS reports send an email to [acdprog@goalsouthsudan.org](mailto:acdprog@goalsouthsudan.org)*