

**DIETARY PRACTICES, MORBIDITY PATTERNS AND NUTRITIONAL  
STATUS OF LACTATING MOTHERS AMONG PASTORALIST  
COMMUNITIES IN ISIOLO COUNTY, KENYA**

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**DECLARATION**

This proposal is my original work and has not been presented for a degree in any other University.

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**LIST OF ABBREVIATIONS AND ACRONYMS**

ACF	: Action Contre la Faim
AIDS	: Acquired Immunodeficiency Syndrome
ASAL	: Arid and Semi-Arid Land
BMI	: Body Mass Index
DDS	: Diet Diversity Score
FAO	: Food and Agriculture Organisation
FFQ	: Food Frequency Questionnaire
FGD	: Focus Group Discussion
GOK	: Government of Kenya
HIV	: Human Immunodeficiency
KDHS	: Kenya Demographic and Health Survey
KNBS	: Kenya National Bureau of Statistics
MOH	: Ministry of Health
MUAC	: Mid Upper Arm Circumference
NACOSTI	: National Council for Science, Technology and Innovation
SPSS	: Statistical Package for Social Sciences
UNDP	: United Nations Development Program
UNICEF	: United Nations Children's Fund
WHO	: World Health Organisation

## OPERATIONAL DEFINITION OF TERMS

**Dietary practices** – Number of meals, frequency of consumption of meals, amount of energy and nutrients consumed.

**Lactating mother** – A mother who is giving her breast milk as feed for her child. This study will focus on mothers with a child between 0-23 months old.

**Morbidity patterns** – Type, frequency, duration, symptoms of diseases.

**Nutritional status** – Body Mass Index and MUAC of the lactating mother.

**Lean season-** The lean season in Isolo County is in the months of October, November and early December

**ASAL-** A region characterised by low levels of rainfall, drought and reduced vegetative cover

**ABSTRACT**

During the period of lactation, nutrient needs of the lactating mother increase to cater for her needs and the breastfeeding child. Due to this, undernutrition is common among lactating mothers. In Africa, about 20% of the women of child bearing age are undernourished. In Kenya, 12% of the women 15-49 years are considered thin with a body mass index (BMI) of < 18.5. In the Kenyan Eastern region, 26% of the women within the reproductive age have a BMI of <18.5. Lactating mothers among the pastoralist communities living in arid and semi-arid lands (ASAL) are among the most vulnerable groups. Information on the dietary practices, morbidity patterns and their relationship to the nutritional status of lactating mothers among pastoralist communities is limited. Thus, the purpose of this study is to determine the dietary practices, morbidity patterns and nutritional status of the lactating mothers. The study will adopt a cross-sectional analytical study design on a randomly selected sample of 276 lactating mothers among pastoralist communities in Isiolo County. A structured questionnaire will be used to collect data on demographic, socio-economic characteristics, anthropometric and the morbidity patterns. A 24 hour recall, food frequency and diet diversity score will be used to collect data on the dietary practices of the lactating mothers. Anthropometric data will be entered and analyzed using the Nutri-survey to determine nutritional status using cut offs as provided by WHO (2007). Nutri-survey will be used for analysis of dietary intake data to give the energy and nutrient intakes of the lactating mothers. Demographic, socio-economic data, dietary practices, BMI, morbidity data, energy and nutrient intake will be entered in CsPro software and analyzed using SPSS version 20.0. P-value of <0.05 will be considered significant. Pearson co-relation will be used to assess the associations between non-categorical variables and Chi-square ( $\chi^2$ ) for categorical variables. Regression analysis ( $R^2$ ) will be used determine the prediction of dietary practices and morbidity patterns to nutritional status. Data from focus group discussions will be transcribed and analyzed to show emerging themes. The findings of this study will be significant as they will be used to inform and aid in policy formulation to solve the problem of poor nutritional status among lactating mothers in pastoralist communities in ASAL in the long term.