

Influence of socio-economic status on the nutrition status of born to young mothers in Transmara west Narok County, Kenya.

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Abstract

The purpose of this study was to determine influence of social economic status on the nutrition status of born to young mothers in Transmara west Narok County, Kenya. Five health facilities were purposively selected in Transmara West Sub County, Narok County by use of analytical cross-sectional study design. A sample size of 246 infants and 246 adolescent mothers were recruited from the health facilities. Quantitative data was analysed using SPSS for windows version 24.0 and ENA for SMART survey 2011. The relationship between nutritional status and other variables was established by use of chi-square test at a significance level of less than 0.05. Most of the mothers were between 16 to 17 years with the youngest mother being 14 years old. The study concluded that the young teenage mothers depended on their families as the main sustenance and others did casual jobs to fend for themselves and their infants. The majority of the adolescent mothers could be classified as of low socio-economic backgrounds. The study recommends that children of young mothers are more vulnerable to malnutrition hence should be given more priority by the government and other stakeholders.

Key Terms: social economic, nutrition status, health status.

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1.0 INTRODUCTION

The nutrition status of young infants relies on the interactions between foods consumed and their health status (WHO, 2018). On the other hand, there has been an increase in adolescent motherhood among those below 15 years thus risking their lives and that of their infants due to complications of child birth and pregnancy (WHO, 2018). Infants born to adolescents who are considered young mothers are likely to have low birth weight, which can have an effect on their health and development. Globally, approximately 22 per cent of infants below the age of five years were stunted, 5.6 per cent overweight and 7.5 per cent wasted globally while in Africa the prevalence of the three forms of malnutrition is stunting 5.6 per cent overweight 21 per cent and wasting is at 9 per cent (WHO, 2018).

Early conceptions and childbearing have been associated with stress and negative mental health which impacts negatively in the development of their children (Kumar, et al., 2018). Most of the adolescent mothers may not be formally employed and are from low socio-economic status which may affect the health outcomes of their infants (Godbout, et al., 2016). They also deal with individual, social and personal changes which make it hard for them to properly take care of their infants (Chen, et al., 2014).

In order to achieve optimal growth and health, infants should be only be introduced to breast milk without introduction of other foods for a period of six months which will promote optimal protection from morbidity and mortality (Beguy, et al., 2014). In a study at Durham region (Durham, 2015), only 21 per cent of the adolescent mothers continued to introduce their infants to only breast milk without other foods due to difficulties in latching and low milk supply. In the same study, the adolescent mother seems to introduce solids and liquids more frequently than adult mothers do. In a study by (Godbout, et al., 2016), it documented that poor infant feeding among the adolescent mothers was associated with schooling, low socioeconomic status and poor knowledge of the mother. They are at risk of restricted growth especially those between the ages of 0-11 months (Yu, et al., 2016).

Teenage pregnancies continue to increase dramatically in developing Countries. Currently in Kenya, the prevalence is at 18 per cent with the highest being Narok County at 40 per cent and a low of 6 per cent in Muranga County. Other Counties with higher prevalence of adolescent motherhood is as follows: 28 per cent Tana River, 29 per cent West Pokot, 33 per cent Homabay and 21.8 per cent Kilifi. In addition, 18 per cent of young women aged 15-19 years have begun childbearing, 15 per cent have already had a live birth and an additional 3 per cent are pregnant with their first child ("Kenya 2014 Demographic and Health Survey," n.d.). According to the survey, young women with no education (33%) are much more likely to have given birth as compared to those with secondary or higher education (12%). This makes it difficult for them to take care of their infants because of economic challenges. In urban residents of Kenya, adolescent mothers with primary education had their first child early than those with secondary education (Mumah, 2014).

Despite adequate nutrition being a basic human right, new-borns of adolescent mothers have been found to have poorer nutritional status in comparison to adult mothers (Nguyen et al., 2017). Most adolescent mothers have unique challenges such as no access to any source of income, being immature and lack of family support which in turn affect their health outcomes and that of their children (Godbout, et al., 2016). Early marriage and childbirth continue to increase in low and middle income countries.

There is a rise in adolescent motherhood in Kenya with those with lower education and living in rural areas (26%) having their child below the age of 18 years putting their children at risk of under nutrition (KNBS, & ICF MACRO, 2015). In Transmara West County, there were high pregnancies that led to a high number of teenage girls dropping out of school which was so far the highest in the County (“NATIONAL ADOLESCENTS AND YOUTH COUNTY,” 2017). Further, a research by Okeyo (2019) in Transmara East established that there is low coverage on the information concerning infant feeding, supplementation and mother’s dietary practices, which can create risks of under nutrition to these young mothers.

Adolescent mothers have increased responsibilities like the return to school, household chores and the general workload at home thus leaving their children to the hands of their parents or grandparents. Under nutrition among their infant’s increases the risk of morbidity and other serious health problems early in life. In addition, evidence has shown that young mothers struggle with different barriers such as the lack of autonomy in decision making and child care, the knowledge on proper infant feeding, embarrassment that is associated with public breastfeeding and the lack of support from the health care team (Jama, et al., 2018). It has also been suggested that this is because of the stigma and perceived lack of support from the family, community and health care team. This study aimed at determining the influence of social economic status on the nutrition status of born to young mothers in Transmara west Narok County, Kenya.

2.0 LITERATURE REVIEW

Relationship between Adolescent Mother Socio-Economic Status and Nutrition Status

It is estimated by WHO (2018), that 2.5 million girls aged 16 years of age have given birth in low resource countries by the age of 18 years. In the same study by World Health organisation, early marriages are common among adolescent girls aged 15 to 19 years contributing to 90 per cent of the adolescent births. Adolescent pregnancy accounts for 28 per cent among women aged between 20 to 24 years who give birth before the age of 18 years in Sub-Saharan Africa (Edilberto, n.d.). The increase in child marriages is more common in areas with low socioeconomic status leading to an increase in adolescent births (Campbell, et al., 2013).

Further, early marriages, unemployment and violence among adolescent mothers led to depletion of nutrients contributing to a low birth weight for the infant and inadequate breast milk (Raj, et al., 2010). Additionally, studies have shown that infant nutritional status is related with maternal education (Aparicio, et al., 2018; Fadare, et al., 2019; Islam, et al., 2016). Categorically, post-natal environments in developing countries, young mothers who are not experienced and not able to make independent decisions, poor health seeking behaviours contribute to poorer nutritional status and stunting among their children (Wu, et al., 2016).

The lack of support by their families and community has negatively affected the growth and development of their children has contributed to high mental stress among the mothers (Huang, et al., 2014). Past studies have shown that these young mothers lack autonomy in decision making and most of them are from low socioeconomic status contributing to malnutrition which impacts negatively on the health and development of their children (Da Costa, et al., 2018; Nguyen, et al., 2017).

In Kenya, 66 per cent of school dropout was associated with unintended teenage pregnancies with 59 per cent of this pregnancies occurring among girls aged 15-19 years (Walgwe, et al., 2016). Further, a study by

(Concerns, 2017) in Kajiado suggests that young mothers are not equipped to take care of their children and thus poor health outcomes of their children. Limited studies have looked at the health status and the nutrition status of these infants despite the rise in adolescent young motherhood.

According to (Raj, et al., 2010), low maternal age and poor socioeconomic status among young mothers contributed to high infant mortality and malnutrition among their children. Their children were found to be malnourished due to the competitive nutrients between them and their infant (Hong, et al., 2017). In a study by (Finlay, et al., 2017), it was found that young maternal age, short birth intervals contributed highly to poor nutritional status and infant mortality and morbidity especially to the first born infants.

3.0 RESULTS AND DISCUSSION

Maternal Socio-Economic Characteristics: Investigation of the respondent source of income and occupation revealed that most (74.4%) of the adolescent mothers depended on their families for daily financial support to care for both the infant and the adolescent mother. Additionally, Table 1 further shows that about 17.8 per cent of the mothers used their savings from casual jobs. Notably, 4.0 per cent depended on their spouse for support. The monthly combined household income was between Ksh. 3,000 to Ksh. 10,000, which accounted for 44.7 per cent. The other household members 28.5 per cent declared that their household monthly income was between Ksh. 10,000 to Ksh. 20,000. Worthwhile noting, the findings further found out that 24 per cent of the participants had their household monthly income below Ksh. 3,000.

Table1: Maternal Socio-Economic Characteristics

Characteristic(n=246)	Frequency	%
Source of income		
Casual jobs	44	17.8
Family	183	74.4
Spouse	10	4.0
Farming	9	3.6
Household monthly income in Ksh.		
500-3000	60	24.4
3000-10000	110	44.7
10000-20000	70	28.5
Above 30000	6	2.4

Nutritional Status and Associated with Socio-Economic Factors among the Infants

Pearson product moment correlation and chi-square was the statistical test utilized to assess the relationships between the socio-economic factors and nutrition status with a significance level of 0.05. The indicators of the infant's nutrition status were assessed as wasting, underweight and stunting.

Relationship between Adolescent Mother Socio-Economic Status and Nutrition Status

From the findings, the respondent's family income showed no significant relationship with underweight. ($P < 0.001$) (Table 2).

Table 1: Relationship between Family Incomes on Nutrition Status of the Infants

	χ^2 /Likelihood	
Variables	Ratio	P value
Family income vs.		
Underweight	42.190	0.003*
Stunting	4.097	0.989
Wasting	6.042	0.812

*Pearson's chi-squared (χ^2) test at significant of $P < 0.05$

4.0 CONCLUSIONS AND RECOMMENDATIONS

The results of this study concluded that most of the respondents were young teenage mothers of primary level of education because of dropping out of school due to pregnancy and lack of school fees. They depended on their families as their main sustenance and others did casual jobs to fend for themselves and their infants. The majority of the adolescent mothers could be classified as of low socio-economic backgrounds, which were based on socio-economic backgrounds and their source of income. The researcher recommends that children of young mothers are more vulnerable to malnutrition hence should be given more priority by the government and other stakeholders.

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