

Behavioural and institutional factors driving stunting in five counties in Kenya: A qualitative study

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Strengthen community systems for direct household engagement.

Engage social structures within the community e.g., welfare groups as entry points for sensitization on proper childcare

Strengthen institutional arrangements of early childhood development centers through standardization of service delivery packages.

BACKGROUND

Kenya has made progress in reducing stunting prevalence to 18% (KDHS 2022). However chronic malnutrition continues to be a persistent problem despite higher-than-average coverage rates of key nutritional interventions in Kenya.

To expand the evidence base on the causes of stunting, this study sought to explore the context specific drivers of nutrition at household level and the cross interaction between those determinants, as well as describe the external spheres of influence that affect malnutrition.

METHODS

- This analysis draws on qualitative data collected from 5 counties between September – November 2021 (table 1). Data were audio-recorded, translated and transcribed.
- Inductive and deductive thematic analysis was used to describe the drivers of malnutrition, spheres of influence and potential ways to address stunting and other related nutritional challenges during the first 1000 days after birth.
- The data was triangulated based on the study sites and respondents to find similarities and differences across themes.

RESULTS

UNDERSTANDING OF STUNTING
Stunting is not a visible illness, which limits its understanding among households and hence hinders the actions parents can take to address it

“...Doctors in the hospital don’t tell you directly that baby has Kwashiorkor because you will be embarrassed. He will only advice you on what food to feed the baby” FGD, Women West Pokot

SOCIO-CULTURAL PRACTICES
Some socio-cultural and family practices are factors that influence child feeding practices

Children’s food is mostly porridge and bananas... it is crushed, sieved and then given to the child.
Case narrative, Nyandarua

HOUSEHOLD GENDER DYNAMICS
Based on cultural context where woman provide food and care for the child, it is challenging if her decision-making power is limited

“It depends on what your parents fed you when you were young. If it was just ugali and milk, you might think that that is sufficient. Some families have beans available, but they don’t feed it to their children. So it’s also about habits and cultural norms.” KII, Health sector, Nakuru

INSTITUTIONAL ASPECTS
“Institutional blindness” for children aged 9 months to 4 years leads to the critical follow-up period between the ages of 18-24 months being missed

LIVELIHOOD SYSTEMS
Challenges in livelihood systems, low access to markets and weather conditions prolong poverty and impede suitable maternal and infant young child nutrition

“When it comes to mangoes the good ones are sold in crates and low-quality ones are consumed by the family. For milk, they sell almost everything. That’s why we have malnutrition in those areas,” IDI, Agricultural sector, Nyandarua

TABLE 1 Data collection activities

Study location	In-depth interviews	Focus group discussions	Case narratives
West Pokot	6	4	6 households x 5 visits = 30
Kwale	6	4	6 households x 5 visits = 30
Nakuru	8	5	6 households x 5 visits = 30
Nyandarua	6	4	6 households x 5 visits = 30
Nairobi	4	4	4 households x 4 visits = 24
Total	30	21	144

Three channels to influence behaviour change

Community social structures

ECD centres

Community health system

CONCLUSION

- The study identified several factors that are inter-related at household, community and institutional level that continue to drive stunting in both rural and urban areas and provides essential pathways for policy formulation and implementation and context specific multi-sectoral interventions to improve maternal and childhood nutrition.



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