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CHILD NUTRITION, FEEDING PRACTICES, AND UNDER-FIVE MORBIDITY AND MORTALITY IN MAKETE DISTRICT, TANZANIA

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ABSTRACT

Tanzania aligns with the global efforts to reduce malnutrition related disorder that contribute high mortality rate to children under five years. These efforts include establishment National Multi-sectorial Nutrition Action Plan (NMNAPI and II). However, despite these commendable effort's malnutrition disorders decline with a notably discrepancies across the regions. This study examined feeding habits and practices to children under five years in Bulongwa ward at Makete District, Njombe Region. The study adopted qualitative cross-sectional design. A total of 20 adult female caretakers of children under five years were purposively and snowball recruited from their household. The study revealed that caretaker's meanings and interpretation on malnutrition disorder, caretakers' altitude and practices on child feeding and meanings and interpretation of a balanced diet and caretakers' meanings and interpretation of a balanced diet shapes caretakers decision and choices with regard to food for children under five years. Up on these findings this study concludes that there is a need to direct an exemplary of the cases that consume a proper balanced diet so as to be an example to others who could see that malnutrition disorder is not shaped by cultural taboos and moral world but are shaped by the feeding habits of their children.

Keywords: Child Nutrition, Feeding Practices, under five morbidity and mortality.

INTRODUCTION

Adequate food is fundamental for the healthy growth and development of children under five years. In Makete, a food power house District in Njombe Region-Tanzania with food staple crops such as potatoes, wheat, and maize. Malnutrition disorders like Kwashiorkor and stunting among children under five years remain a persistent public health challenge. Previous studies for example, a study by Khamis et al., (2019) points out that the persistence of malnutrition disorders among children under five is influenced by improper feeding habits. Study by Begna et al., (2024) highlights that, parental substance abuse, use of health care services, child illness, poor dietary diversity, household food insecurity are associated with severe acute malnutrition to children under five years. Dusingizimana et al., (2021) points out that feeding practices is affected by women involvement in supplying food, cultural classification of food, and family dynamics

The existing body of knowledge pays little attention on the ways in which household feeding practices at the grassroots in a particular local context shapes the persistence of nutrition- related disorder like Kwashiorkor and stunting. This study examined child feeding and practices to children under five years in Bulongwa ward one of the 23 wards in Makete District, Njombe Region, Tanzania. The researcher explored why and how adult female caretakers of children under five years make decisions and choices with regard to food for children under five years.

The argument of this paper is that caretaker's decisions and choices with regard to child food at the household level plays critical role in sustaining child morbidities like kwashiorkor, stunting and diarrhea that contribute high mortality rate to children under five years.

In Tanzania nutrition related-disorders like Kwashiorkor, diarrhea, and stunting continue to exacerbate the health of children under-five years. The existing evidence from Tanzania by 2018, points out that 31.8% of children under five years were stunted a substantial decline from 34.7 % in 2014(Elisaria et al., 2024). However, there is a notably inconsistencies across the regions of Tanzania. Njombe has 53.6 percent of stunting, Rukwa has 47.9%, Iringa 47.1% while other regions with lower stunting level include Dar es Salaam with 20.1 percent and Kilimanjaro 20. 0 percent (United Republic of Tanzania [URT], 2021). Up on these figures, this study was directed to the region with the highest rate of malnutrition disorder. In the low-middle income countries (LMIC) 40% of deaths pertinent to children under five years are caused by lack of improper nutrition (Madewell et al., 2024).

Globally 150.2 million children under five years of age faced stunting disorder (UNICEF;World Health Organization& World Bank Group, 2025). These figures highlight a great effort to ensure proper nutrition all over the globe. There is an urgent need to prevent malnutrition disorders so as to save not only children under five years but for human dignity.

MATERIALS AND METHODS

This study employed a cross-sectional research design to assess the influence of child feeding practices on health outcomes at a single point in time (Capili, 2021) a method particularly suited for health-related research (Puspa Zuleika & Legiran, 2022). The target population consisted of adult female caretakers of children under five years in Bulongwa and Utanziwa villages, Makete District, who are primarily responsible for daily care, supervision, and clinic attendance. A total of 20 participants were purposively and snowball sampled to ensure accessibility and heterogeneity across socio-demographic characteristics such as age, education, marital status, livelihood, family size, and ethnicity. Data were collected through in-depth interviews and informal conversations, while participant observation was not employed. Key informants, including the District Nutritional Officer and community health workers, provided additional context on local feeding practices and food availability. Data were analysed qualitatively using thematic analysis following Braun & Clarke, (2021) with transcriptions reviewed through repeated readings, reflective annotation, and descriptive-focused coding in QSR NVivo 14. Emerging concepts were refined using a constant comparative approach to identify patterns and deviant cases. Coded data were exported to Microsoft Excel and Word for organization, and final thematic patterns were visualized in NVivo, incorporating demographic details and participant quotations to support interpretation and presentation of findings.

RESEARCH FINDINGS

Socio-demographic Characteristics

The information presented was obtained through in-depth interviews. Due to the conversational nature of the discussions, the researcher was unable to capture detailed demographic information. In total, 16 participants were recruited from households in Bulongwa and Utanziwa villages. Bulongwa village consisted of 423 households, while Utanziwa had 230 households. Among the participants, 10 were married adult women, 2 were separated, and 4 were single, all of whom had extensive experience in child caregiving. A detailed summary of their demographic characteristics is provided in Table 4.1.

Table 4.1. Demographic characteristics of participants

Location	Number of Participants
Bulongwa	8
Utanziwa	8
Sex	
Female	16
Age	
20-30	4
30-40	12
Marital Status	
Married	10
Single	2
Separated	4
Ethnicity	
Kinga	12
Benda	4
Level of education	
Primary level	10
Secondary level	6
Livelihood activity	
Farming	14
Entrepreneurship	1
Guest maid	1
Family size	
2-4	11
5-8	5

Caretakers' Meanings and Interpretation on Malnutrition Disorder

The meanings and interpretations regarding malnutrition disorders are of paramount importance among child caretakers, as the ability to internalize the causes of malnutrition enables them to effectively prevent the condition. During in-depth interviews conducted across Bulongwa and Utanziwa villages, ten (10) out of sixteen (16) participants attributed malnutrition, particularly in children, to curses resulting from adultery committed by one of the spouses in a household. One participant, a 39-year-old married woman, a farmer with primary-level education, disclosed that:

> Yes, it's possible if one is unclean or the father is not faithful in marriage. So, you may find the child losing weight, sometimes looking like an old person really unpleasant to look at. Some children even stop crawling after having started. (Adult female, Bulongwa Village)

Another participant, a 33-year-old single mother of four children, appeared to have more detailed knowledge of how adultery is believed to cause malnutrition. She explained:

> Yes, that's what we call "being cursed." You young ones don't understand these things. For example, if you marry a woman and you get a child, and before the child starts walking your wife starts being unfaithful, you will see that child starting to have a big belly and become weak really unpleasant to look at. (Adult female, Utanziwa Village)

Other participants also associated stunted growth with such curses. A 30-year-old participant with secondary education attested:

"What we mean is that if a child's growth is not progressing as it should, we believe the parents have caused it. So yes, we believe in that". (Adult female, Bulongwa Village)

These findings indicate that caretakers often interpret malnutrition disorders, such as Kwashiorkor, without recognizing protein deficiency as the main cause. Such perceptions influence their decisions and behaviors, leading them to prioritize practices like personal hygiene after engaging in adultery rather than addressing the need for adequate protein intake. These choices contribute to the persistence of malnutrition disorders like Kwashiorkor and, in turn, to the persistently high mortality rates among children under the age of five years.

Furthermore, during an in-depth interview conducted in Utanziwa village six (6) participants attributed Kwashiorkor as condition caused by feeding children cold or leftover food. One 24-year-old farmer with three children stated:

"Isn't this disease with swollen belly caused by children eating leftover food?" (Adult female, Utanziwa Village)

This finding indicates that caretakers' understanding of Kwashiorkor as being caused by eating cold leftovers shapes their behaviors, while disregarding protein deficiency as the primary cause of the condition. Consequently, their preventive actions are limited to warming food, which is insufficient to address the underlying nutritional deficiency. Such actions contribute to the continued persistence of Kwashiorkor and the associated high mortality rates among children under five years.

4.4.2 Caretakers Attitude and Practices on Child Feeding

The attitudes and daily practices of caretakers toward feeding children under five play a central role in shaping children's eating behaviours and managing proper nutrition for their health and development. During the in-depth interview conducted in Bulongwa and Utanziwa village thirteen (13) out of sixteen (16) participants attributed child feeding habits to the local moral values. Indicate that caretakers feed their children whatever they want, believing it is morally unacceptable to deny food as doing so is thought to cause greediness later in life. Consequently, feeding habits are often compromised to satisfy the children and to raise a generation prepared to share with others. One participant, a 32-year-old female with secondary education from Bulongwa Village, expressed

> As you know, children are never really satisfied. They eat whatever they come across sometimes sweets, sometimes doughnuts, sometimes rice or avocados. They eat without a clear routine, and at times they cry a lot. So, what can we do?" (Adult female, Bulongwa Village)

Similarly, another participant, a 30-year-old woman, a mother of two children with secondary education, articulated how it is social and emotional pressure to fulfill a child's request for food, even if the child has already eaten:

> Honestly, it's difficult for children to have a specific eating routine because they desire food all the time. For me, if a child wants to eat, it means they are not full. If I have food, I will give them a small portion even if they have already eaten. But if they're asking food from someone else, then I'll deny them and may even punish them". (Adult female, Bulongwa Village)

This response entails that caretakers often prioritize satisfying their children with the aim of instilling morally acceptable behaviour. Such decisions and actions, which focus on fulfilling the child's immediate desires by feeding them whatever they want, contribute to the persistence of malnutrition disorders like Kwashiorkor and intestinal worm infections. These conditions, in turn, play a significant role in sustaining the high mortality rate among children under five years.

However, during an informal conversation at a local guest lodge in Bulongwa Village, two (2) tenants shared that even when children request culturally sensitive items such as local alcohol like bamboo wine (ulanzi), it is often provided rather than denied, to avoid being seen as teaching negative traits such as selfishness. One adult female stated:

"Here, a mother cannot refuse to give her child bamboo wine because she believes doing so would be teaching the child to be selfish." (Adult female, Bulongwa Village)

In addition, a researcher-conducted observation in a household at Ihomeke Street, Bulongwa Village, and a married woman with three children was observed giving leftover food to her two younger children and an older son. Although the children had eaten lunch just a few hours earlier, the mother responded to their cries of hunger by feeding them again.

This narrative illustrates how moral reasoning influences feeding choices. The feeding practices and the interpretations caretakers attach to their actions increase the risk of persistent morbidities such as intestinal worms, diarrhea, and other malnutrition disorders, which in turn contribute to the high mortality rate among children under five years.

Caretakers' Meanings and Interpretation of a Balanced Diet

Understanding what constitutes a balanced diet is of immense importance, particularly for caretakers responsible for ensuring the nutritional well-being of children. During in-depth interviews conducted in Bulongwa and Utanziwa village, nine (9) out of sixteen (16) participants associated a balanced diet with their local self-sustaining agricultural lifestyle. One 39-year-old female entrepreneur from Bulongwa Village, who had attained secondary-level education, reflected on their preference for green vegetables, attributing it to this agricultural way of life:

"We really like green leafy vegetables because we grow them ourselves on our farms". (Adult female, Utanziwa village)

This finding suggests that, for food to be regarded as constituting a balanced diet, it must be locally cultivated by the community. Consequently, this preference for home-grown foodstuffs often results in a reluctance to incorporate other nutritionally important foods that are not produced locally. As a result, such dietary limitations contribute to the continued prevalence of malnutrition disorders, which in turn significantly elevate high mortality rate among children under five years of age.

However, in the same in-depth interview conducted in Bulongwa and Utanziwa village, five (5) caretakers, who were the farmers with two to four children revealed the linkage between dietary practices and economic capability. A 30-year-old married woman with three children and secondary-level education disclosed that:

"A balanced diet goes hand in hand with the economy, my friend. This economy God have mercy! You're telling me I should feed my child eggs in the morning, give them milk, and fruit... really?" (Adult female, Bulongwa)

This finding was echoed in informal conversations conducted in the local restaurant with an adult female at Utanziwa village who pointed out that while education on nutrition begins early in the school curriculum, economic constraints often inhibit its realization.

> Education alone is not enough. Let me ask you: when do children start learning about balanced diets? In second or third grade, right? If a child in third grade is taught about nutrition but doesn't practice it at home, what's the use of bringing your books? What I see is a need for youth to start businesses and build factories to produce nutritious food".

This finding indicates that the economic conditions of caretakers fundamentally shape their choices of food within households. Consequently, even when there is an understanding of what constitutes a balanced diet, households members often consume only what is economically affordable. This economic constraint perpetuates persistency of malnutrition disorders, which in turn contribute to the ongoing high mortality rates among children under five years.

Furthermore, in another informal conversation which was conducted in Utanziwa village two (2) participants displayed a profound and even spiritual understanding of nutrition. The same woman connected balanced diets to biblical teachings, highlighting the symbolic and practical value of foods like milk and honey:

> If you read the Bible, it says: 'I will lead you to a land flowing with milk and honey.' That means milk and honey are precious. Are our children getting such things? Studies show a person can live for many years without problems by eating just two things: potatoes and milk. Eating those means one has had a balanced diet. (Adult female, Utanziwa village)

This finding suggests that caretakers' decisions and choices regarding a balanced diet are strongly influenced by religious values and biblical words, which often limit the acceptance of honey and milk as adequate components of nutrition. Consequently, this belief contributes to the exclusion of other essential foodstuffs that are vital for a well-balanced diet. As a result, such dietary limitations perpetuate malnutrition disorders, thereby contributing to the continued high mortality rates among children under five years of age

DISCUSSION OF THE FINDINGS

The study explored why and how adult female caretakers in Bulongwa and Utanziwa villages made decisions and choices regarding food habits and practices for children under five years of age. The underlying argument was that household-level decisions and practices concerning child nutrition significantly influence the persistence of morbidities such as kwashiorkor and intestinal worm infections. Data were collected through in-depth interviews, informal conversations, and observations. Thematic analysis identified three key themes: caretakers' meanings and interpretation on malnutrition disorder, their attitudes and practices toward child feeding, and meanings and interpretation of a balanced diet.

Caretakers' Meanings and Interpretation on Malnutrition Disorder

This study revealed that caretakers' meanings and interpretations attached to malnutrition disorders such as kwashiorkor and stunting influence their health-seeking behaviours which do not consumption of food rich in protein. For instance, kwashiorkor was often perceived not as a consequence of protein deficiency, but rather as the result of adulterous actions. Such interpretations lead caretakers to prioritize practices aimed at restoring personal hygiene after adultery, rather than emphasizing the consumption of protein-rich foods. This cultural framing contributes to the persistence of kwashiorkor and, consequently, to the high mortality rate among children under five years of age.

These findings resonate with Vygotsky's socio-cultural theory, which highlights the role of caretakers as more knowledgeable guides in shaping children's development. In this case, caretakers' culturally informed health-seeking behaviours directly affect children's nutritional outcomes and vulnerability to malnutrition which contribute high mortality rate to children under five years,

The findings are consistent with Liheluka et al., (2024) who emphasize the critical role of cultural beliefs in shaping caretakers' perceptions and health practices. However, the present study extends this understanding by showing how such meanings and interpretations are constructed and enacted at the household level within localized contexts, rather than treating culture as a broad, homogenous entity. This suggests that nutrition and child health interventions must integrate an appreciation of local cultural interpretations of disease into their design. Specifically, promoting appropriate dietary habits requires engaging with how households themselves assign meaning to food and malnutrition within their everyday socio-cultural realities.

Caretakers Attitude and practices on child feeding

This study found that caretakers' attitudes and practices regarding child feeding in Bulongwa and Utanziwa villages are often shaped by caregiving norms that emphasize leniency and humility, particularly when responding to children's requests for food. While such practices may reflect cultural values of nurturing and accommodation, they also compromise structured feeding habits and increase the risk of persistent malnutrition disorders such as kwashiorkor and intestinal worm infections, which contribute to the high mortality rate among children under five years of age.

This observation aligns with Vygotsky's socio-cultural theory, which emphasizes that caregivers' attitudes and behaviours are deeply influenced by the cultural norms and values of their communities, and these, in turn, directly shape child development. The findings are consistent with those of Dusingizimana et al., (2021) who identified cultural factors as key determinants of child feeding practices in rural Rwanda. However, this study extends the discussion by demonstrating that feeding practices are not only determined by rural settings broadly, but are constructed and negotiated at the household level and within grassroots contexts. This underscores the fact that child feeding practices and attitudes are socially constructed within particular local realities, such as those of Bulongwa Ward.

The implication is that efforts to promote appropriate child feeding both in terms of content (nutritional adequacy) and timing (feeding schedules) must be grounded in an understanding of how food is categorized, valued, and negotiated within specific cultural contexts. Interventions that fail to engage with these localized cultural meanings risk limited effectiveness, whereas those that build on community values may foster sustainable improvements in child nutrition and health outcomes.

Meanings and Interpretation of a Balanced Diet

This study found that adult female caretakers perceive and interpret a balanced diet as being deeply shaped by cultural, social, and spiritual beliefs, emphasizing home-grown vegetables, honey, and milk as essential components. Such an understanding often neglects other critical elements of a balanced diet, which contributes to the persistence of kwashiorkor and stunting, thereby increasing under-five mortality. These findings align with Amunga et al., (2024), who explored nutrition knowledge regarding fruit and vegetable consumption in Tanzania and similarly applied socio-cultural theory to explain how dietary practices are influenced by local beliefs and values. However, the present study prolongs this perspective by examining how the concept of a balanced diet is understood at the household level in a specific locality, such as Bulongwa, rather than focusing solely on fruit and vegetable consumption.

This finding suggests that knowledge concerning a balanced diet is context-specific and cannot be generalized across communities. Therefore, public health and nutrition interventions must move beyond conventional educational models and incorporate culturally grounded approaches. To enhance the effectiveness of nutrition education, programs should be tailored to local contexts by actively engaging community members and leaders in the design and delivery of messages. Such culturally sensitive strategies are more likely to promote both understanding and acceptance of balanced dietary practices at the household and community levels, ultimately contributing to improved child nutrition and reduced under-five mortality

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CONCLUSION

This study found that food habits and practices for children under five years is shaped by caretakers meanings and interpretation of malnutrition disorder, caretakers altitude and practices on feeding habits and definition and explanation of balanced diet. Ever since, these issues shapes feeding habits particularly in the local context like Bulongwa ward, there is a need to direct an exemplary of the cases that consume a proper balanced diet so as to be an example to others who could see that malnutrition disorder are not shaped by cultural taboos and moral world but are shaped by the feeding habits of their children

REFERENCES

1) Amunga, D. A., Hess, S. Y., Grant, F. K. E., Kinabo, J., & Olney, D. K. (2024). Diets, Fruit and Vegetable Intake and Nutritional Status in Tanzania: Scoping Review. Maternal and Child Nutrition, 1–10. https://doi.org/10.1111/mcn.13785
2) Begna, G., Bikila, H., Biru, B., Diriba, D., Tolera, C., Dessalegn, R., Tafesse, T., & Amenu, D. (2024). Determinants of severe acute malnutrition among children less than five years visiting health centers in Leqa Dulacha District, East Wallaga Zone, Oromia Region, Ethiopia: A case control study. Health Science Reports, 7(5). https://doi.org/10.1002/hsr2.1939
3) Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? Qualitative Research in Psychology, 18(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238
4) Capili, B. (2021). Cross-sectional studies. The American Journal of Nursing, 121(10), 59-62, 121(10), 59–62. https://doi.org/10.1097/01.NAJ.0000794280.73744.fe.
5) Dusingizimana, T., Weber, J. L., Ramilan, T., Iversen, P. O., & Brough, L. (2021). A qualitative analysis of infant and young child feeding practices in rural Rwanda. Public Health Nutrition, 24(12), 3592–3601. https://doi.org/10.1017/S1368980020001081
6) Elisaria, E., Kuwawenaruwa, A., & Nkoba, E. (2024). Malnutrition and Stunting in Tanzania – Trends and Policies. Thrive, Oxford Policy Management. https://thrivechildevidence.org/resource-centre/malnutrition%0Aand-stunting-in-tanzania-trends-and-policies/
7) Khamis, A. G., Mwanri, A. W., Ntwenya, J. E., & Kreppel, K. (2019). The influence of dietary diversity on the nutritional status of children between 6 and 23 months of age in Tanzania. BMC Pediatrics, 19(1), 1–10. https://doi.org/10.1186/s12887-019-1897-5
8) Liheluka, E. A., Bali, T., Lyimo, E., Dekker, D., & Gibore, N. S. (2024). Caretaker ' s knowledge , attitudes , and practices regarding the causes , treatments , and risks of diarrhea among under-five children in North-Eastern Tanzania : A cross-sectional study. https://doi.org/10.1177/2333794X241288524
9) Madewell, Z. J., Keita, A. M., Das, P. M. G., Mehta, A., Akelo, V., Oluoch, O. B., Omore, R., Onyango, D., Sagam, C. K., Cain, C. J., Chukwuegbo, C., Kaluma, E., Luke, R., Ogbuanu, I. U., Bassat, Q., Kincardett, M., Mandomando, I., Rakislova, N., Varo, R., … Kotloff, K. L. (2024). Contribution of malnutrition to infant and child deaths in Sub-Saharan Africa and South Asia. BMJ Global Health, 9(12). https://doi.org/10.1136/bmjgh-2024-017262
10) Puspa Zuleika, & Legiran. (2022). Cross-Sectional Study as Research Design in Medicine. Archives of The Medicine and Case Reports, 3(2), 256–259. https://doi.org/10.37275/amcr.v3i2.193
11) UNICEF;World Health Organization& World Bank Group. (2025). Levels and trends in child malnutrition: Joint child malnutrition estimates,2025 edition. 1–24. https://data.unicef.org/wp-content/uploads/2025/07/JME-Brochure-UNSDG-regions-2025-v23.
12) United Republic of Tanzania[URT]. (2021). National multisectorial nutrition action plan(NMNAPII) 2021/22-0252/26. Prime Minister Office. https://www.tfnc.go.tz