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1. LAUTECH Journal of Nursing (LJN) has the goal of becoming the most widely cited Nursing Journal in West Africa with Impact Factor Value of 0.861 based on International Citation Report (ICR) for the year 2020-2021.
2. The LJN has the tripartite mission of:
  - (a) Promoting a culture of excellence in Nursing Research.
  - (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
  - (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
  - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
  - (b) Essays and issues papers that contribute to reorienting received ideas, values and practices.
  - (c) Documents emanating from national and international conferences, as well as from largescale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this edition, eighteen (18) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: effect of cold compress on the reduction of musculoskeletal pain, swelling and hemarthrosis among orthopaedic patients in Lautech Teaching Hospital, Ogbomoso, Oyo State, Nigeria; Awareness of Prostate Cancer Screening Among Male Civil Servants In Egor Local Government Area, Edo State, Nigeria; Knowledge, Perception And Utilization Of Maternal And Child Health Care Among Women In Ogbomosho, Oyo State, Nigeria; Assessment Of Knowledge And Utilization Of Electronic Medical Records Among Nurses In Secondary Health Care Facilities In Jigawa State, Nigeria; Effect Of Midwife Led Educational Intervention On Knowledge Of Anaemia And Risk Factors Among Pregnant Women Attending Ante-Natal In Selected Primary Health Care Facilities In Osun State, Nigeria; Knowledge Of Health Implications Of Rape And Associated Factors Among Male Undergraduates In Ahmadu Bello University Zaria, Nigeria; Effectiveness Of Family Caregivers Centered Nursing On Knowledge Of Pressure Ulcer Prevention In A Tertiary Health Facility In Kano, Nigeria; Knowledge And Practice Of Malaria Prevention Among Expectant Mothers In Selected Primary Health Centers In Mushin Local Government Area, Lagos State, Nigeria; Prevalence Of Sexual And Psychological Abuse In Almajiri System Of Education In Zaria Local Government Area, Kaduna State, Nigeria; Assessment Of Male Involvement In Maternity Care In Selected Health Facilities In Ado Ekiti, Ekiti State, Nigeria; Educational Intervention On Knowledge Of Prevention And Self-Care Practices Of Selected Lifestyle Diseases Among Civil Servants In State Secretariat Oke-Mosan, Abeokuta Ogun-State, Nigeria; Nursing In An Age Of Change In Nigeria; Knee Replacement Surgery: The Role Of The Nurse In Patient Safety In The Operating Room, The Nigerian Perspective; Choice Of Places Of Delivery Among Women Attending Ante Natal Clinic At Ngwo Health Centre; Systematic Review On Adolescent Girls' Knowledge And Practice Of Menstrual Hygiene In Nigeria; Knowledge And Prevention Of Hypertension Among Patients Attending Medical Outpatient Department Of Garki Hospital, Abuja, Federal Capital Territory, Nigeria And Socio-Cultural Factors Influencing Nutritional Status In Under-Five Children In Akure North Local Government, Ondo State, Nigeria.

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Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focus on but not limited to research findings in the different areas of Nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peer reviewed by seasoned scholar. Sixty two authors have contributed in one way or the other to the thirteenth edition of the journal.

In this regard, the journal welcomes articles from individuals and corporate organisations for the sixteenth edition. Interested contributors may forward copy of their manuscript; computer-typed in double line spacing, using Times New Roman 12 point font, with abstract not more than 300 words on a separate page. Manuscript should not be more than 15 pages and sent to [doctoradeyemo@yahoo.com](mailto:doctoradeyemo@yahoo.com) or [lautechjournal@gmail.com](mailto:lautechjournal@gmail.com).

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# SOCIO-CULTURAL FACTORS INFLUENCING NUTRITIONAL STATUS IN UNDER-FIVE CHILDREN IN AKURE NORTH LOCAL GOVERNMENT, ONDO STATE, NIGERIA

OYEWUMI ZACCHEUS OPEYEMI; AKINBOWALE BUSAYO TEMILOLA &  
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## ABSTRACT

*Mortality resulting from under-nutrition among under-five children globally is unprecedented and factors influencing the poor nutritional status among this age group needs to be looked into as nutritional status of the under-five is of great importance since this period of life is considered a pivotal for their adequate growth. The main objective of this study was to assess the socio-cultural factors influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State. The targeted population was women between the age ranges of 18- 49 years who were currently nursing under-five children. Kish Leslie (1965) single proportion population formula was used to calculate the sample size of 377. A simple random sampling method was used to select four villages out of 12 autonomous villages in the local government. The exponential non-discriminative snowball sampling technique was used to select the respondents. Data collection was done by using an unstructured questionnaire having tested its validity and reliability. Data were analyzed using descriptive (frequency, percentages) and mean including standard deviation statistics. The demographic characteristic of this study shows that majority of the respondents are between ages 25 to 29 (36.3%), business is their occupation (39.5%) and had tertiary education (27.1%). Majority of the respondents are married (83.6%), catholic by religion (53.3%) with 2 children (32.1%). This study therefore indicates that unemployment and low wages (62%), cheaper and less nutritious food (70%), poor education ( $X=3.19$ ), traditional breast feeding practices (58.4%) and feeding patterns ( $X= 2.95$ ) were socio-cultural factors influencing the nutritional status of under-five children. The study concluded that the above identified factors have strong negative influence on the nutritional status of the under-five children, hence, the community health nurses should do more in educating the women on the danger posed by the identified factors to the nutritional status of their children and steps to reducing their impacts on their wards should be encouraged.*

**Keywords:** Socio-cultural; under-five Children; Nutritional Status

## INTRODUCTION

Mortality resulting from under-nutrition among under-five children globally is unprecedented and factors influencing the poor nutritional status among this age group need to be looked into as nutritional status of the under-five is of great importance since this period of life is considered a pivotal for their adequate growth (Badake et al, 2014). Over 10 million children under-five are lost annually due to diseases that can be prevented and even easily treated, with most of these illnesses and deaths occurring in developing countries due to their poor economy (Black et al, 2003). Malnutrition is responsible for more than 30% of all deaths among children under-five (UNICEF, 2009). Child nutrition plays a crucial role in infant and child health or death, with young children, pregnant women, and lactating mothers being the most nutritionally vulnerable group, especially in developing countries.

However, relatively little is done to address their special nutritional needs. In contrast, good nutrition ensures healthier children who grow into more productive adults, while poor nutrition leads to malnutrition (Oyira et al, 2010). In developed countries and many traditional societies, early feeding is considered a determinant of later character, growth, and health. Malnutrition has long been recognized as a consequence of poverty, as most of the world's malnourished children live in developing nations in Asia, Africa, and Latin America, where those affected are primarily from low-income families (UNICEF, 2004), especially those residing in rural areas and urban slums. When income decreases, the quality and

quantity of food also decrease, leading to weight loss and malnutrition. Evidence shows that when unemployment and low wages are present, families opt for cheaper, less nutritious food, exacerbating the problem (UNICEF, 2009). The scourge of under-five malnutrition is increasing globally and in Nigeria, with attendant child mortality rates posing a significant challenge to our society. This highlights the need to investigate the socio-cultural factors influencing the nutritional status of under-five children, particularly in rural communities, to develop targeted interventions to address this critical issue.

Studies have pointed out that malnutrition is high in communities with low-income group, (Ene-Obong, 2007; Maziya-Dixon., 2011). They are of the opinion that this low-income group has heavy workload, poor education and poor nutrient intake. And even the traditional breast-feeding practices that supposed to be exclusively practiced have been substituted with food complements. However, the problem of adequate complementary food is still enormous. Fermented cereal gruel-pap (ogi/akamu) continues to be the preferred complementary for infants in this study area. This has been shown to be inadequate in term of nutrient density. It is bulky, viscose, and low in nutrients, (Ene-Obong, 2007). Many researchers have attributed the above cases to social or cultural affiliations. Akure North Local Government is more of the low-income group, it's assumed that the above scenario may be applicable there and likely to contribute to under-five malnutrition. Cultural practices like breastfeeding, food taboos and feeding patterns can affect a child's welfare and nutrition (Noughani, 2010). Therefore, social and cultural factors related to health and nutrition assist in answering some of the practical problems involved in implementing health programs.

Socio-cultural factors influence individuals directly and very likely change the course of conduct that an individual may be compelled to take (Noughani, 2010). A society's customs and ideas have a great impact on the nutritional status of its indigenes. These factors in

combination with other factors such as family structure, ignorance, illiteracy and poverty can lead to severe malnutrition in children. It is therefore important to identify and understand factors that put children from rural or farming communities at a greater risk of malnutrition in early childhood compared to their urban counterparts. Therefore, the present study aims to identify the socio-cultural factors influencing nutritional status in children under-five in selected Akure North Local Government, Ondo State.

### **Objectives of the Study**

The main objective of this study was to assess the socio-cultural factors influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State. The following specific objectives are designed to:

1. Determine if unemployment and low wages are the socio-cultural factors influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
2. Examine if cheaper and less nutritious food, is a socio-cultural factor influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
3. Assess if poor education is a socio-cultural factor influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
4. Evaluate if the traditional breast-feeding practices is a socio-cultural factor influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
5. Assess if feeding patterns is a socio-cultural factor influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.

## Research Questions

Based on above identified specific objectives, the following questions are raised.

1. Does unemployment and low wages influence the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
2. What is the influence of cheaper and less nutritious food on the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
3. Does poor education influence the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
4. What is the influence of traditional breast-feeding practices on the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.
5. Does feeding patterns influences the nutritional status of under-five children in selected rural communities in Akure North L.G.A, Ondo State.

## METHODOLOGY

**Design:** A cross-sectional descriptive study was used to assess the socio-cultural factors influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A in Ondo State.

**Study Setting:** This study was conducted in selected communities in Akure North Local Government Area of Ondo State. The Local Government area is located within the central senatorial district of Ondo State, also known as Ondo Central Senatorial District, alongside Akure South, Ifedore, Idanre, Ondo East, and Ondo West Local Government areas. Akure North Local Government area forms a federal constituency alongside Akure South Local Government area, comprising rural/indigenous and urban constituencies. Its headquarters are situated in the town of Iju/Itaogbolu, and it has

12 wards, including Ogbese, Oba Ile, Bolunduro, and Iju. The Local Government is located just a few kilometers from the state capital's city center. The population of Akure North Local Government Council Area is estimated at 131,587, according to Nigeria's 2006 population census. Geographically, the LGA area covers 660 square kilometers. The Local Government area is bounded to the north by Ekiti State, to the east by Owo Local Government Area, to the south by Idanre and Akure South Local Government Areas, and to the west by Ifedore Local Government Area.

**Population:** The target population is women between the age range of 18- 49 years because these women are still in their reproductive or childbearing ages and are usually the ones who are often saddled with the responsibility of childcare and nurturing which involves feeding the children.

**Inclusion criteria:** Respondents eligible for inclusion in this study include:

- i. Women who are within the age range of 18-49 and are residing within the selected communities in the Local Government
- ii. Women who are presently nursing under-five children
- iii. Women who are willing to participate in the study

**Exclusion criteria:** The following will be excluded from the study:

- i. Women who are within the age range of 18-49 but are residing in within the selected communities in the Local Government
- ii. Women who are not presently nursing under-five children
- iii. Women who declined to participate in the study

**Sampling Size Determine:** The sample size was calculated based on the Kish Leslie (1965) single proportion population formula and yielded  $N = 377$ . Also, 10% (37) was added to cater for incompleteness of questionnaire. The total respondents for the survey will now be 414.



**Sampling Procedure:** A simple random sampling method was used to select 4 villages out of 12 autonomous villages in the local government. The exponential non-discriminative snowball sampling (also known as chain referral) technique was used to select the respondents. Snowball sampling is a non-probability sampling technique that is used by researchers to identify potential subjects in studies where subjects are hard to locate. This method is ideal for this study as the mothers do not have a particular place where they will meet; and each mother will make referrals to two other mothers, thereby ensuring a wider distribution of mothers and children to be covered.

**Instrument for Data Collection:** Data collection was done by using an unstructured questionnaire having tested the validity and reliability of the instrument. The instrument was designed from literature, taking into consideration the objectives of the study and research questions. The instrument comprised of five (5) sections, Section A covers demographic information of the mothers; Section B was on the Unemployment and low wages as socio-cultural factors influencing the nutritional status. Section C was on the influence of socio-economic status of the family on nutritional status of children. Section D was on the influence of level of maternal education on the nutritional status of children and section E on the religious and cultural practices that influence the nutritional status of children.

A pre-form form developed by the researcher was used to collect information on the anthropometric measurement of the children. The information includes: the age of the child, the birth weight, current weight and height

which will be used to ascertain height-for-age (H/A), which indicates the level of stunting, weight for age (W/A), which indicates that level of underweight, and weight-for-height (W/H) which indicates the level of wasting.

**Method of Data Analysis:** Data were coded, entered and analysed using both descriptive (frequency, percentages) and inferential statistics (Chi-square). Out of the total number of 414 questionnaires administered, 377 were correctly/ fully completed giving a total return rate of 91.1%. The findings of this study are as presented in tables.

## RESULTS

Table 1 above presents the frequency distribution of the demographic characteristics of the study participants. Of the 377 participants, none was below 20yrs of age. The majority were between 24 – 29yrs (36.3%) followed by 33.4% who were between 20 – 24yrs, very few 3.2% were above 40yrs. The occupation of the respondents showed that majority 39.5% were businesswomen, followed by 24.1% who were students, 13.2% civil servants, 8.2% housewife, 7.7% health workers, 5.8% farmers and the least 0.5% teachers and 0.8% clergy. The table also showed that the respondents were predominantly secondary school certificate holders (226, 60%) while 27.1% and only 2.7% had no formal education. This study shows that majority of the respondents are between ages 25 to 29 (36.3%), business is their occupation (39.5%) and had tertiary education (27.1%). Majority of the respondents are married (83.6%), catholic by religion (53.3%) with 2 children (32.1%).

**Table 1: The frequency distribution of the demographic characteristics N = 377**

Variable	Category	N	%
Age group	20 – 24	126	33.4
	25 – 29	137	36.3
	30 – 34	66	17.5
	35 – 39	36	9.5
	40 & more	12	3.2
Occupation	Business	149	39.5
	Student	91	24.1
	Farmers	22	5.8
	Civil servant	50	13.2
	Housewife	31	8.2
	Health worker	29	7.7
	Clergy	3	0.8
	Teachers	2	0.5
Educational level	No formal education	10	2.7
	Primary education	39	10.3
	Secondary education	226	60
	Tertiary education	102	27.1
Marital status	Married	315	83.6
	Single	55	14.6
	Divorced/separated	7	1.9
Religion	Catholic	201	53.3
	Anglican	59	15.6
	Pentecostal	108	28.6
	Jehovah witness	9	2.4
Number of children.	1	109	28.9
	2	121	32.1
	3	8	2.1
	4	41	10.9
	5	10	2.7
	6	11	2.9

Table 2 shows that 32% of respondents strongly agreed that unemployment is socio-cultural factors influencing the nutritional status, 22% agree, while 21% disagree and 23% strongly disagreed. 22% of respondents strongly agreed that Household monthly income is socio-cultural factors influencing the nutritional status, 46% agree, while 23% disagree and 22% strongly disagreed. 33% of

respondents strongly agreed that Influence of low Income is a socio-cultural factor influencing the nutritional status, 30% agree, while 17% disagree and 20% strongly disagreed. This study therefore indicate that unemployment and low wages is a socio-cultural factor influencing the nutritional status (62%)

**Table 2 Unemployment and low wages as socio-cultural factors influencing the nutritional status Of Under-Five Children. N = 377**

ITEMS	SA	A	D	SD
<b>Influence of Unemployment</b>				
Unemployment results in poor result in poor nutrition	174(46.5%)	74(19.6%)	110(29.2%)	18(4.8%)
Employment makes the head of the family to increase feeding allowance	54(14.3%)	101(26.8%)	26(6.9%)	196(52%)
low-income group is assumed to contribute negative social-cultural factors influencing feeding	153 (40.6)	81(21.5%)	101 (26.8)	42(11.1%)
Lack of money makes people to buy low quality foods	104(27.6%)	102(27.1%)	(26.8)	93(24.7%)
	32%	22%	21%	23%
<b>Household Monthly income</b>				
<b>My family income is</b>				
<N20,000 per month	81 (21.5)	153 (40.6)	101 (26.8)	42 (11.1)
N30,000- N40,000	74(19.6%)	174(46.5%)	110(29.2%)	18(4.8%)
≥N40,000	101(26.8%)	196(52%)	54(14.3%)	26(6.9%)
	23%	46%	23%	21%
<b>Influence of low Income</b>				
Poverty is one of the major causes of socio-cultural influence on nutrition	101 (26.8)	153 (40.6)	42 (11.1)	81 (21.5)
Income determines the nutritional and health status of a family	110(29.2%)	174(46.5%)	18(4.8%)	74(19.6%)
Income determines family quality of life	26(6.9%)	54(14.3%)	196(52%)	101(26.8%)
Income influence children’s growth and development	264(70.0%)	68 (18.0%)	5 (1.3%)	40(10.6%%)
	33%	30%	17%	20%
	29%	33%	20%	21%
<b>TOTAL</b>				

Table 3 reveals that respondents have varying opinions on the relationship between food choices and nutritional status. Only 1.9% of respondents strongly agreed that people buy cheap food to cut costs, while 2.7% agreed, 23.3% disagreed, and 72.1% strongly disagreed. However, a significant proportion of respondents (59.1%) agreed that poor wage earners buy cheap food to make ends meet, with 9.8% strongly agreeing, 28.9% disagreeing, and 2.1% strongly disagreeing. Moreover, 72.1% of respondents strongly agreed that cheap food increases healthcare costs for those suffering from nutrition-related illnesses. The findings also showed that 72.1% of respondents agreed that less nutritious food is easy to find and cheaper, while 23.3% disagreed, and 1.9% strongly disagreed. Additionally, 29.2% of respondents strongly

agreed that poor living conditions, such as inadequate water supply and sanitation, lead to infections that cause poor nutritional status. Furthermore, 70% of respondents strongly agreed that a family where both parents provide money for feeding has more nourished children, while 18% agreed, 1.3% disagreed, and 10.6% strongly disagreed. In contrast, 23.3% of respondents strongly agreed that a family where only one parent provides money for feeding has more malnourished children, with 72.1% agreeing, 1.9% disagreeing, and 2.7% strongly disagreeing. Overall, this study observes that cheaper and less nutritious food is a significant socio-cultural factor influencing nutritional status, with 70% of respondents agreeing or strongly agreeing with this statement.

**Table 3: Cheaper And Less Nutritious Food Is a Socio-Cultural Factor Influencing The Nutritional Status Of Under-Five Children**

SN	ITEMS	SA	A	D	SD
1.	People buy cheap food to cut cost	7 (1.9%)	10(2.7%)	88(23.3%)	272 (72.1)
2	Poor wage earners buy cheap food in order to make ends meet	37(9.8%)	223 (59.1%)	109 (28.9%)	8 (2.1%)
3	Cheap food increases health care costs of caring for those suffering from nutrition related illnesses	272 (72.1%)			88 (23.3%)
4	Less nutritious food are easy to find and cheaper.		7 (1.9%)	10(2.7%)	7 (1.9)
5	Poor living conditions (inadequate water supply, inadequate sanitation) lead to infection which causes poor nutritional status.	10(2.7%)	272 (72.1%)	88 (23.3)	
6	A family where both the mother and father provide money for feeding has more nourished children	110(29.2%)	174(46.5%)	18(4.8%)	74(19.6%)
7	A family where either the mother and father provide money for feeding has more malnourished children			7 (1.9)	10(2.7)
	<b>TOTAL</b>	<b>30%</b>	<b>40%</b>	<b>12%</b>	<b>19%</b>



Table 4 highlights the significance of maternal education in determining the nutritional status of under-five children. The findings indicate that inadequate maternal education results in poor nutritional status ( $x=3.14$ ), while education is not a factor in good nutritional status ( $x=3.08$ ). However, parents' education plays a crucial role in infant and child health or death ( $X=3.11$ ). Furthermore, the study reveals that a mother's level of education contributes positively to the growth and development of pregnancy ( $X= 2.93$ ). Conversely, lack of education limits women's knowledge about

nutrition ( $X= 3.18$ ). Additionally, parental education has been considered a determinant of a child's later character, as well as later growth and health ( $X= 3.07$ ). The study also emphasizes the importance of good nutrition education in ensuring healthier children, who grow into more productive adults ( $X=3.18$ ). Moreover, good health education assists young children, pregnant women, and lactating mothers in achieving their special nutritional needs ( $X=3.16$ ). On the other hand, lack of education leads to poor nutrition, which in turn leads to malnutrition ( $X=3.19$ ).

**Table 4 : Poor Education as Socio-Cultural Factors Influencing the Nutritional Status Of Under-Five Children**

SN	Variable	Mean	SD
1	Inadequate maternal education results in poor nutritional status	3.14	0.860
2	Education is not a factor in good nutritional status	3.08	0.906
3	Parents' education plays a key role in infant and child health or death.	3.11	0.862
4	A mother's level of education contributes positively to the growth and development of pregnancy	2.93	0.961
5	Lack of education limits women's knowledge about nutrition.	3.18	0.814
6	Parental education has been considered a determinant of child's later character as much as later growth and health.	3.07	0.90
7	Good nutrition education ensures healthier children, who grow into more productive adults	3.18	0.814
8	Good health education assists young children, pregnant women and lactating mothers to achieve their special nutritional needs	3.16	0.817
9	Lack of education leads to poor nutrition on the other hand leads to malnutrition.	3.19	0.807
		<b>3.19</b>	

Table 5 presents the respondents' views on traditional breastfeeding practices and their impact on nutritional status. Only 4.8% of respondents strongly agreed that early breastfeeding is a determinant of later character, growth, and health, while 19.6% agreed, 22% disagreed, and 46.4% strongly disagreed. Regarding traditional breastfeeding practices, 11.1% of respondents strongly agreed that they should be exclusively practiced, 21.5% agreed, 26.8% disagreed, and 40.6% strongly disagreed. However, 56% of respondents strongly agreed that traditional breastfeeding practices have been substituted with food complements, 26.8% agreed, 6.9% disagreed, and 14.3% strongly disagreed. The

study also found that 70% of respondents strongly agreed that the problem of inadequate complementary food is enormous, 18% agreed, 1.3% disagreed, and 10.6% strongly disagreed. Fermented cereal gruel-pap (ogi/akamu) was identified as the preferred complementary food for infants by 21.8% of respondents, with 29.7% agreeing, 33.2% disagreeing, and 15.4% strongly disagreeing. Moreover, 71.9% of respondents strongly agreed that fermented cereal gruel-pap (ogi/akamu) is bulky, viscose, and low in nutrients, 17.2% agreed, 1.9% disagreed, and 9% strongly disagreed. Other traditional breastfeeding practices, such as stopping breastfeeding once pregnancy is detected, were also explored.

**Table 5 Traditional Breast Feeding Practices Is A Socio -Cultural Factors Influencing The Nutritional Status Of Under-Five Children**

SN	ITEMS	SA	A	D	SD
	Early breast feeding is considered a determinant of later character as much as later growth and health.	18 (4.8)	74 (19.6)	110(22)	175(46.4)
2	Traditional breast feeding practices is supposed to be exclusively practiced.	42 (11.1)	81 (21.5)	101 (26.8)	153 (40.6)
3	Traditional breast-feeding practices is been substituted with food complements.	196 (52)	101 (26.8)	26 (6.9)	54(14.3)
4	The problem of inadequate complementary food is enormous.	264 (70.0)	68 (18.0)	5 (1.3)	40(10.6)
5	Fermented cereal gruel-pap (ogi/akamu) is the preferred complementary for infants.	82 (21.8)	112 (29.7)	125 (33.2)	58(15.4)
6	Fermented cereal gruel-pap (ogi/akamu) has shown to be to be inadequate in term of nutrient density.	93 (24.7)	102 (27.1)	78 (20.7)	104 (27.6)
7	Fermented cereal gruel-pap (ogi/akamu) is bulky, viscose, and low in nutrients	271 (71.9)	65 (17.2)	7 (1.9)	34(9.0)
8	Stopping breast feeding once pregnancy is detected	81 (21.5)	101 (26.8)	153 (40.6)	18 (4.8)
9	Mothers transmit pain to the child through breast milk	101 (26.8)	26 (6.9)	54(14.3)	196 (52)
10	The first breast milk is dirty and should not be given to the baby.	40(10.6)	264 (70.0)	68 (18.0)	5 (1.3)
		<b>32%</b>	<b>26.4%</b>	<b>18.6%</b>	<b>22.2%</b>

Table 6 highlights the various feeding patterns that influence the nutritional status of under-five children. The study notes that babies eat 6 to 8 times a day ( $X=2.68$ ), with meals starting at 30 to 60 mls and gradually increasing ( $X=3.03$ ). Additionally, feeding babies when they seem hungry ( $X=2.78$ ) is also a common feeding pattern. The study also observes that ensuring adequate milk flow and production ( $X=3.02$ ), exclusive breastfeeding for six months ( $X=2.9$ ) and feeding babies on demand ( $X=2.82$ ) are essential feeding patterns.

Furthermore, feeding infants 2 to 3 meals per day with 1 to 2 additional snacks ( $X=3.11$ ) and using various methods of feeding, such as cup feeding, spoon feeding, finger feeding, and bottle feeding ( $X=2.82$ ), are also important. The study also emphasizes the importance of introducing food in a play-based approach ( $X=3.07$ ), feeding toddlers every 2 to 3 hours ( $X=3.08$ ), and feeding children well to fuel growth ( $X=3.15$ ). These feeding patterns are crucial in ensuring the optimal nutritional status of under-five children.

**Table 6: Feeding Patterns Is A Socio -Cultural Factors Influencing The Nutritional Status Of Under-Five Children**

	Mean	SD
1 Babies eat 6 to 8 times a day	2.68	1.014
2 Babies’ meal starts with 30 to 60 mls then gradually increased	3.03	0.969
3 Feed babies when they seem to be hungry	2.78	0.986
4 Ensure adequate milk flow and production	3.02	0.925
5 Six months of exclusive breast feeding for six months	2.94	0.918
6 Feed baby on demand	2.82	0.930
7 Feed infants 2 to 3 meals per day with 1 to 2 additional snacks	3.11	0.895
8 Methods of feeding include cup feeding, spoon feeding finger feeding and bottle feeding	2.82	0.978
9 Use play based approach in introducing food	3.07	0.916
10 Toddlers meals should be every 2 to 3hrs	3.08	0.902
11 Feed children well to fuel growth	3.15	0.868
	2.95	

## DISCUSSION OF FINDINGS

This study has assessed the socio-cultural factors influencing the nutritional status of under-five children in selected rural communities in Akure North L.G.A in Ondo State. The study reveals that the majority of respondents are between 25 to 29 years old, primarily engaged in business, and have limited tertiary education. Most respondents are married, Catholic, and have at least two children.

The study indicates that unemployment and low wages are significant socio-cultural factors influencing nutritional status. This finding aligns with previous research by Lucas and Gilles (2010) in a rural community in Bangladesh, which identified poverty as the primary determinant of energy and nutrient intake. UNICEF (2009) also supports this finding, highlighting unemployment as a major factor influencing nutritional status.

Furthermore, the study observes that cheaper and less nutritious food is a socio-cultural factor influencing nutritional status. This finding is consistent with UNICEF's (2004) assertion that malnutrition is a consequence of purchasing cheaper and substandard food, particularly in developing nations where low-income families are disproportionately affected. UNICEF (2009) also notes that unemployment and low wages lead families to consume cheaper, less nutritious food, resulting in weight loss and malnutrition. Previous studies by Ene-Obong (2007) and Maziya-Dixon (2011) have also highlighted the prevalence of malnutrition in low-income communities. It can be deduced from this finding that the respondents' preference for cheaper and less nutritious food, leading to poor nutritional status, is likely linked to the fact that many rural dwellers in Ondo State, Nigeria live below the poverty line. This underscores the need for targeted interventions to address the socio-cultural factors influencing nutritional status in these communities.

This study indicates that poor education is a significant socio-cultural factor influencing the nutritional status of under-five children. This finding aligns with Noughani's (2010) assertion that illiteracy and ignorance of food combinations for children are major factors influencing nutritional status.

Furthermore, this study finds that traditional breastfeeding practices are a socio-cultural factor influencing the nutritional status of under-five children. Additionally, feeding patterns were also observed to be a socio-cultural factor influencing nutritional status ( $X=2.95$ ). This finding is consistent with Oyira et al.'s (2010) report, which notes that despite the importance of child nutrition in infant and child health, many women and lactating mothers in developing countries adhere to traditional breastfeeding practices, and relatively little is done to address the special nutritional needs of children. This study's findings highlight the significance of socio-cultural factors in shaping nutritional outcomes for under-five children. The persistence of traditional breastfeeding practices and feeding patterns, despite their limitations, underscores the need for targeted interventions to promote optimal nutrition and health outcomes for young children in these communities. By addressing these socio-cultural factors, we can work towards improving the nutritional status and overall well-being of under-five children.

### **Implication of the findings for Community/Public Health Nursing Practice**

Malnutrition is a major childhood killer disease and is responsible for over 60 percent of avoidable maternal and infant mortality. Therefore, the socio-cultural factors influencing nutritional status like family structure, socio-economic status, religious, cultural practices and maternal education should be addressed by the Public Health Nurses through community health outreach programmes in order to educate and encourage the mothers on the adequate and affordable ways of meeting the nutritional needs of their children.

## CONCLUSION

Based on the findings of this study, the following conclusions have been made.

1. Family structure has a great influence on nutritional status of children. The study reveals that separation of children from their mothers, neglect caused by divorce, leaving the care of children to older siblings, large families, and single-parent families all have a negative impact on the nutritional status of children.

2. Religious and cultural practices also play a crucial role in shaping the nutritional status of children. The study found that certain beliefs and practices, such as the notion that mothers transmit pain to their children through breast milk, discarding colostrum, eating less during pregnancy to prevent birth complications, and denying children foods like eggs, meat, and fish, are deeply ingrained among mothers. Unfortunately, these practices can have a detrimental impact on the nutritional status of children, highlighting the need for education and awareness programs to promote evidence-based practices.

3. Maternal education has a strong influence on the nutritional status of children. The study reveals that educated mothers have fewer malnourished children compared to uneducated ones. This underscores the importance of education in empowering mothers to make informed decisions about their children's nutrition and health, and highlights the need for programs that promote maternal education and literacy

## RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made. Firstly, community health nurses should educate mothers on the factors that lead to poor nutritional status, emphasizing the importance of exclusive breastfeeding and the use of locally available, highly nutritious food resources as weaning diets. This education should be provided during the ante-natal period and through community outreach programs.

Additionally, women empowerment should be encouraged, as it has the potential to improve family finances, food security, and childhood nutrition. By empowering women, we can promote better health outcomes for children and families as a whole. Furthermore, the government should be involved in efforts to improve the socio-economic level of mothers through the provision of employment opportunities, adequate water supply, affordable health facilities, and other social amenities. By addressing the root causes of poverty and malnutrition, we can work towards creating a healthier and more sustainable future for under-five children and their families.

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