

Knowledge, attitudes, and practices of caregivers of malnourished children at the Al Sabbah Children's Hospital, Juba, South Sudan

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ABSTRACT

Introduction: Malnutrition results from insufficient, excessive, or imbalanced intake of nutrients. The contributory factors include poverty, lack of access to food and family knowledge, inadequate healthcare, and recurring illnesses. This study aimed to gather data on the nutrition-related knowledge, attitudes, and practices of the caregivers of young, malnourished children at the Al-Sabbah Children's Hospital, Juba, South Sudan

Method: This cross-sectional study was conducted in April 2024. A pretested questionnaire was used to collect information from the calculated sample size of 50 caregivers. The data were analysed using Statistical Packages for Social Sciences (SPSS).

Results: Data taken from the hospital registers showed that, at the time of the survey, the mid-upper-arm circumference of the children indicated that 35 were not malnourished and 15 were still moderately malnourished. Most caregivers had heard about malnutrition and said they had got this information from their husbands; most had previously used malnutrition services at health facilities having been encouraged by their families although transport was expensive, and many paid for the service. More than half felt family and traditional perceptions of malnutrition had a negative impact on the condition.

Conclusion: The information provided by caregivers of children attending hospital malnutrition services indicate that, although they have some knowledge of malnutrition and malnutrition services, there is need for improvement.

Keywords: caregiver knowledge, malnutrition, children under-five years, Al Sabbah Children's Hospital.

Introduction

Malnutrition is caused by insufficient, excessive, or imbalanced intake of nutrients.^[1] In children it can lead to stunted growth, weakened immune system, and increased susceptibility to diseases.^[2] Underlying causes may be a lack of access to food, inadequate healthcare, and recurring illnesses, and these vary across

different regions and countries. In South Sudan, conflicts, economic instability, and poor infrastructure contribute to food insecurity, limited access to clean water and sanitation, and inadequate healthcare services leading to a high prevalence of young child malnutrition.^[3] Cultural practices such as early marriage increase the risk of teenage girls having low-birthweight babies.^[4] The underlying causes of malnutrition should be addressed through a multi-sectoral approach involving governments, local communities, and international organizations.^[5] As well as investments in agriculture, healthcare, and clean water, there needs to be improved education and promotion of gender equality and empowerment of women and girls.^[5]

In South Sudan, many communities lack access to healthcare facilities, and those that do often face shortages of medical supplies and trained healthcare workers.

This paper, part of a student dissertation, summarises what caregivers of young children attending Al Sabbah Children’s Hospital reported they knew about young child malnutrition and malnutrition services.

Method

A cross-sectional study was conducted in April, 2024 amongst the caregivers of young children using the malnutrition services at Al Sabbah Children’s Hospital, the referral hospital for the whole of South Sudan.

The sample size, calculated for cross-sectional design with a 0.01 margin of error, was 50 respondents.

A structured pretested questionnaire with open- and closed-ended questions, (translated from English into ‘Juba Arabic’ which is widely spoken locally) was used to collect information from the caregivers. Literate caregivers completed the questionnaire themselves, for the others the data were collected in face-to-face interviews. The researcher translated the responses into English. The data were analysed using Statistical Packages for Social Sciences (SPSS).

The study was approved by the Upper Nile University (UNU), Faculty of Public and Environmental Health and Al Sabbah Children’s Hospital administration. Its purpose and importance were explained to each participant. Confidentiality was always maintained.

Results

Data taken from the hospital registers for the 50 caregivers’ children showed that, at the time of the survey, the mid

Table 1. Caregiver characteristics (N = 50)

Variable	n (%)
Age (years)	
15 – 25	10 (20.0)
26 – 35	28 (54.0)
36 - 49	12 (24.0)
Education	
Primary	14 (28.0)
Secondary	27 (54.0)
University and above	9 (18.0)
Family income (SS pounds)	
Less than 5,000	23 (46.0)
5,000 and above	27 (54.0)

5,000 SS pounds = about 40 US\$

upper arm circumference (MUAC) of the children indicated that 35 (70%) were not malnourished and 15 (30%) were still moderately malnourished.

Table 1 shows that, of the 50 caregivers (mainly mothers), about half were aged 26-35 years and 36 had been to Secondary school.

Table 2 shows that 46 of the caregivers ‘heard about malnutrition in their daily routine’; 40 got this information from their husbands and 10 from a health professional.

When asked if they had used malnutrition services at health facilities before this visit 38 said they had and 30 said they had been encouraged to use them by their family; 32 said that transport to the health facility was expensive and 30 said they paid for the service in some facilities.

When asked about malnutrition among young children in their communities, 29 said there were cases, and that parents’, and traditional, perceptions of malnutrition had a negative impact on the condition.

Discussion

The data from mothers and other caregivers attending the malnutrition services at Al-Sabbah Children’s Hospital show that most had heard of malnutrition and that husbands were an important source of information. The majority had previously attended malnutrition services in a health facility although many said that transport was expensive and some facilities charged for services.

Table 2. Caregivers’ responses about malnutrition and malnutrition services (N=50)

Variable	n (%)
Have you ever heard about malnutrition?	
Yes	46 (92.0)
No	4 (8.0)
From what source do you get malnutrition information?	
Husband	40 (80.0)
Health professional: midwife, nurse, doctor	10 (20.0)
Have you ever used malnutrition services before this visit?	
Yes	38 (76.0)
No	12 (24.0)
Who encouraged you to use malnutrition services?	
Myself	20 (40.0)
My family	12 (24.0)
Husband	18 (36.0)
How affordable is the transportation cost to the health facility for you?	
Expensive	32 (64.0)
Not expensive	18 (36.0)
Do you pay for malnutrition services in any of the health facilities?	
Yes	30 (60.0)
No	20 (40.0)
Do you have malnutrition cases in your community especially of children aged under five years?	
Yes	29 (58.0)
No	21 (42.0)
Do parents’ perceptions have a negative impact on solving malnutrition in children aged under five years?	
Yes	40 (87.0%)
No	10 (13.0%)
Do traditional perceptions towards malnutrition among children aged under five years negatively impact children’s health and growth?	
Yes	33 (66.0)
No	17 (34.0)

So, despite some knowledge about young child malnutrition, and because many felt that traditional perceptions had a negative impact, there is a need to improve the communication about malnutrition so caregivers and their families know how to feed and care for their young children.

Conclusion

The information provided by caregivers of children attending hospital malnutrition services indicate that, although they have some knowledge of malnutrition and malnutrition services, there is need for improvement.

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