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MALNUTRITION PREVALENCE AND ASSOCIATED FACTORS AMONG CHILDREN UNDER THE AGE OF FIVE

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ABSTRACT

Childhood malnutrition is brought on by inadequate food intake, infections like diarrhea and other bugs, a lack of cleanliness, and uneducated parents. Poor diets and disease are caused by food instability, inadequate mother-and-child care, poor health services, and the environment (UNAC 1997). In the Ilaje, Bariga, and Shomolu Local Government Areas of Lagos State, Nigeria, malnutrition in children under the age of five was examined, along with its prevalence and risk factors. Data gathering utilized a well-structured questionnaire that was well-designed. The respondents received the questionnaire. The respondents distributed, collected, and examined a total of 133 questionnaires. To investigate participant characteristics and give answers to the study's research objectives, the descriptive analysis, frequency, average, and percentage were used. This result revealed that the prevalence of child malnutrition (wasting, stunting, and underweight) was a significant public health issue in the pastoral community, according to the WHO classification for public health relevance. The current study discovered that underweight, stunting, and wasting were all common in the area under investigation. The study advised family planning, vaccination against diarrheal diseases, prevention of diarrhoeal infections, and access to nutrition education programs as ways to improve children's nutritional status. Given the quantitative nature of this study, it is recommended that researchers employ a mixed-method research study design in subsequent investigations to examine the relationship between the independent variables and the dependent variable of moderate malnutrition.

Keywords: Malnutrition, Family Planning, Preventing Diarrhoeal Diseases, Wasting, Stunting, And Underweight.

INTRODUCTION

Malnutrition is still alarmingly prevalent and has a negative impact on children's growth and survival rates, especially in low- and middle-income nations (Development Initiatives, "2018). In the world, 7.5% (50,5 million) of children are wasted and 22.2% (150 million) of children are

stunted (Development Initiatives, 2018). Conflict is mostly to blame for the rise in world hunger, which explains why food insecurity and malnutrition are more prevalent in conflict zones (FAO/WFP, 2018). 75% (122 million) of the world's under-5-year-olds with stunting lived in conflict-affected countries, as did over 489 million of the 815 million hungry people in 2016 (FSIN, 2017).

By resulting in significant population relocation, severe economic downturns, rising inflation and unemployment, and depletion of finances for social protection and health, conflicts have a detrimental impact on food security (FAO/WFP, 2018). In regions where agriculture is the main source of income, conflicts disrupt food production, harvesting, processing, transportation, and marketing, leading to low resilience. Food insecurity may therefore heighten tensions and raise the likelihood of war (FAO/WFP, 2018). In these circumstances, under-five children are more vulnerable to malnutrition and its effects (Odjidja and Hakizimana, 2019).

A lack of or insufficient intake of nutrients and energy is referred to as malnutrition. It covers both undernutrition (wasting, stunting, underweight, and a lack of key micronutrients) and overnutrition (obesity, some malignancies, and noncommunicable diseases) (UNICEF, 2020; WHO, 2020). Children under the age of five who are malnourished do so because of the interactions between diseases and a poor diet. The root causes of protein-energy malnutrition (PEM) include social, economic, biologic, and environmental factors that lead to inadequate food intake or consumption of low-nutritional quality proteins in meals (World Health Organization, 2020).

A relative or absolute lack of, or an excess of, one or more essential nutrients results in malnutrition, a pathological condition (Pavani Varma and Prasad, 2017). Undernutrition in a population of children under five is often measured by anthropometric indices such as stunting, underweight, and wasting (Zemenu et al., 2017). Around 60 million and 13 million children worldwide, respectively, have moderate and severe acute malnutrition. Global surveys indicate that stunting, underweight, and wasting away affect, respectively, 21.9%, 13.4%, and 7.3% of children under the age of five (De Onis et al., 2018). Additionally, according to the WHO, 2.7 million fatalities among children under the age of five occur each year in Sub-Saharan African nations like Ethiopia (Hug et al., 2017).

According to Asres, Prasad, and Ayele (2018), malnutrition is a condition in which there is either a calorie, protein, or nutrient shortage or surplus that has measurable deleterious effects on every system in the human body. Malnourished children are still a major public health concern on a global scale, with developing nations bearing the brunt of the problem (Endris, Asefa, and Dube, 2017). 52 billion under-five children worldwide were wasted in 2018, along with 17 million critically wasted children, 159 million stunted children, 50 million wasted children who did not weigh enough for their height, and 41 million obese children. Over 45% of children under five worldwide died from malnutrition, which was a major contributing factor to their deaths (WHO, 2015).

Malnutrition can also refer to overnutrition, however it most frequently describes undernutrition brought on by inadequate consumption, poor absorption, or excessive nutrient loss (Abera et al., 2017). Underweight is a recommended indication to look at changes in the severity of malnutrition over time since it is a composite measure of stunting and wasting based on weight for age (Abera et al., 2017). Wasting is a symptom of inadequate nutrition that has recently occurred and may be influenced by recent episodes of diarrhea and other acute illnesses. One of the main causes of sickness and mortality among children worldwide is still malnutrition. 60% of the 10.9 million children under the age of five who die each year are directly or indirectly due to it (Abera et al.,

2017).

The weight-to-height ratio of Wasting is low. It describes the child's present weight loss as a result of poor eating or exposure to infectious disorders like diarrhea, which makes them lose weight (Pravana et al., 2017). For his age, Stunting is short. A youngster who is stunting is too young for their height. Stunting is brought on by inadequate nutrition throughout childhood and can last a lifetime (World Health Organization, 2020). Worldwide, there are 149 million stunted children under the age of five. This is a result of chronic undernutrition, which is commonly brought on by low socioeconomic position, inadequate maternal nutrition, recurrent sickness, and/or inadequate infant feeding and care. Underweight is defined as being underweight for one's age and includes stunting, wasting, or both (Pravana et al., 2017).

Everyone will experience malnutrition at some point in their lives, but young children are at greater risk. The best start in life can be achieved with optimal nutrition from conception to age two, which has long-term benefits (World Health Organization, 2020). Lack of proper nutrition, which results from either not having enough food to eat or not eating enough of the right things, is what causes malnutrition. Low birth weight, premature birth, and intrauterine growth restriction are only a few manifestations of many poor nutritional outcomes that start in the uterus (World Health Organization, 2017).

Children that are malnourished are more prone to infection and demise from frequent newborn respiratory and diarrheal diseases. In order to achieve the Sustainable Development Goal 2 (SDG2) and ensure healthy lives for all ages, the United Nations Decade of Action on Nutrition, which runs from 2016 to 2025, aims to eradicate malnutrition and guarantee universal access to healthier diets for all. However, a number of distinct factors affect undernutrition in children mal the age of five (Zeray et al., 2019). Some studies have compiled socio-demographic data, including the age, education, and occupation of women, the spacing between births, and the age and sex of the children (Zeray et al., 2019).

Under-five malnutrition has been associated with a number of factors, including low birth weight, immunization status, poor maternal nutritional status, food-related cultural practices affecting food intake, early food introduction, pre-harvest season (compared to post-harvest), environmental factors like poor hygiene, diseases (chronic or being sick a few weeks before the survey), low dietary intake, and limited access to food, among others (Hogan et al., 2019; Darsene et al., 2017).

A global estimate places the cause of over half of all fatalities in children under the age of five on malnutrition, which has been related to higher mortality (Development Initiatives, "2018). Morbidity and malnutrition interact epidemiologically. Malnourished women are more likely to give birth to low-weight newborns, and survivors of malnutrition may have delayed physical and intellectual growth as well as a higher frequency of chronic illnesses later in life (United Nations Children's Fund, 2020). Therefore, in order to choose the most appropriate interventions in war zones, it is essential to understand the extent and factors affecting under-five malnutrition.

Child malnutrition continues to be a significant global public health problem despite established treatments (Akombi et al. 2017). More than half of all child deaths (45%) are directly attributable to malnutrition, which is most prevalent in low socioeconomic areas of developing nations (Black et al. 2013). Around the world, 49 million children were wasting away in 2018, and 149 million children under the age of five were expected to be stunted (UNICEF 2019). Malnutrition in children under five is a significant global public health issue (UNICEF&WHO, 2018). It was shown that

developing nations have a disproportionately high prevalence of this health issue. 52 billion children under the age of five are wasted, with 17 million seriously wasted and 155 million stunted, according to the World Health Organization (UNICEF&WHO, 2018).

Low nutritional status continues to be a key contributor to illness and early death despite all regional, national, and global efforts. Most people are aware that undernutrition is caused by a number of causes, both directly and indirectly, including unstable food supplies, a lack of basic education, inadequate access to health care, a deteriorating environment, low income, and insufficient empowerment. Each community has different causes of malnutrition. The likelihood of diarrhea, pneumonia, measles, and other infectious diseases killing a child increase if they are stunted, underweight, or wasted. However, poverty almost always has some role. In the Ilaje, Bariga, and Shomolu Local Government Areas of Lagos State, Nigeria, children under the age of five have poor nutritional status, and there is a lack of good information on these conditions and the factors that have an impact on their nutritional status.

Objective of the study

Broad objective: To investigate the prevalence and contributing determinants of malnutrition in children under the age of five in the Nigerian states of Ilaje, Bariga, and Shomolu.

- Specific goals include
- Investigate the characteristics and parenting styles of young children in the Nigerian local governments of Ilaje, Bariga, and Shomolu.
- Evaluate the maternal and environmental health features of kids under the age of 5 in the Nigerian local governments of Ilaje, Bariga, and Shomolu.
- Ascertain the overall prevalence of malnutrition among children under the age of five in Lagos State, Nigeria's Ilaje, Bariga, and Shomolu Local Government Areas.
- Identify contributing variables to malnutrition in children under the age of 5 in the Nigerian local governments of Ilaje, Bariga, and Shomolu.

MATERIAL AND METHODS

Research Design

This study was conducted using a cross sectional descriptive survey design.

Research Setting

At Ilaje Bariga, Shomolu Local Government, Lagos State, Nigeria, the study was conducted on young children under the age of five. A local government in Lagos is called Shomolu. Its administrative headquarters are located on Durosimi Street and it is situated in Southwest Nigeria, north of Lagos. The Lagos Eas Senatorial Zone includes the Shomolu local government. According to the 2006 Census, there are 402, 673 people living in the LGA. Shomolu local government was once known as Mushin East local government, nevertheless. The current Somolu local government includes places like Community Road, the Akoka regions east of the Ikorodu Road up to the Anthony Oke side interchange, including Spmolu, Bashua, Bariga, some portions of Akoka, Igari, Obanikoro, Pedro village, Abule Okuta, Seriki village, Apelehin, and Ilaje. The majority of the population in Shomolu Local Government are Yorubas, including Ijebus, Egba, Awori, and Ilajes.

There are also members of other Yoruba ethnic groups in the region, including Oyo, Osun, and Ekiti. The Local Government Area is home to sizable populations of other ethnic groups from the East and North of the nation.

Target Population

The target population for the study was among under 5 children at Ilaje Bariga, Shomolu Local Government, Lagos State and they were conveniently selected for the study.

Sample Size Determination

A total number of 200 among under 5 children at Ilaje Bariga, Shomolu Local Government, Lagos State Nigeria. Sample size calculation was made based on Taro Yamane formula for calculating sample size (1967).

Taro Yamane method:

$$n = N/ (1 + N (e)^2)$$

N= population under study which is 150

e = margin error

$n = 200/ (1 + 200 (0.05)^2$

n = 200/ (1 + 200(0.0025)

n = 200/ (1+ 0.5)

n = 200/ (1.5)

n = 133.33

n = 133 as sample size

- **Sampling Technique**

In this investigation, a practical sampling strategy was employed. These are children in Lagos State, Nigeria's Ilaje Bariga, Shomolu Local Government, under the age of five. Children under the age of five at Ilaje Bariga, Shomolu Local Government, Lagos State, Nigeria, are a convenient sample.

The following are some of the inclusion criteria or eligibility criteria for this study:

Children under the age of 5 at Ilaje Bariga, Shomolu Local Government, Lagos State, Nigeria

These's exclusion standards are:

• Children older than 5 at Ilaje Bariga in the Shomolu Local Government of Lagos State, Nigeria

• Adults in Lagos State, Nigeria's Ilaje Bariga Local Government

• Men and women in Lagos State, Nigeria, at Ilaje Bariga, Shomolu Local Government

Instruments for Data Collection

Questionnaires were the primary data collection tool utilized in this study to gather primary data. A rapid and practical strategy to gather data and other essential and relevant information about the

prevalence and associated determinants of malnutrition among under-5-year-old children was to administer a questionnaire to those youngsters at Ilaje Bariga, Shomolu Local Government, Lagos State, Nigeria. It is also regarded as a method of information gathering that is objective. However, recollection bias can occur when using questionnaires, especially when they have open-ended items.

Thirteen children under the age of five were used in the pilot study or initial investigation at Ilaje Bariga, Shomolu Local Government, and Lagos State, Nigeria, to evaluate the tool's clarity and explain any ambiguous sections. The tool was altered following the pilot test or initial investigation. The final questionnaire or amended version employed straightforward wording. Respondents are able to comprehend what is expected of them as a result. The questionnaire includes questions that make it possible to gather data or information to solve the study topic. The questionnaire is divided into sections with specific questions about the incidence and contributing factors of malnutrition in children under the age of five.

- **Validity of Instrument**

The questionnaire was given to supervisors, co-workers, and other research specialists to review for validity and content in order to confirm the instrument's validity. This made it possible to assess the instrument's success in gathering the desired data on malnutrition prevalence and related determinants among children under the age of five in Ilaje Bariga, Shomolu Local Government, and Lagos State, Nigeria. The instrument was modified as needed based on comments from the supervisors, colleagues, and other researchers and academics, such as by eliminating unclear and unrelated items, spelling problems, and other potential typographical errors.

- **Reliability of Instrument**

This pertains to the degree to which the responses to the questionnaire regarding the prevalence and associated factors of malnutrition among under-five-year-old children, at Ilaje Bariga, Shomolu Local Government, and Lagos State, Nigeria, are consistent and, as a result, produces consistent and fruitful results. In order for the data gathering tools to effectively address the issues raised by the study, reliability was verified.

- **Method of Data Collection**

Participants were administered questionnaires using the drop and pick approach. Appointments were set up with the participants for the questionnaires, and then responders were contacted again to check if they had any problems responding.

- **Methods of Data Analysis**

This was accomplished by quantitative data analysis, which involved coding and modifying the data before employing frequency distribution tables and percentages to examine the altered data.

Ethical Considerations

Ethical clearance was obtained from authority of Bariga Local Government Area Lagos State. Permission to undertake the study was also obtained from the Lagos State Ministry of Health.

RESULT AND DISCUSSION

Demographic and socioeconomic characteristics of respondents

Table 4.1 displays the sociodemographic traits of the respondents. Table 1's mother's age (in years) information shows that 12 (9.02%) of respondents are between the ages of 15 and 19; 36 (27.07%) are between the ages of 20 and 24; 54 (40.60%) are between the ages of 25 and 29; 17 (12.78%) are between the ages of 30 and 34; 7 (5.26%) are between the ages of 35 and 39; and 7 (5.26%) are under the age of 40. According to the mother's marital status, 120 of the respondents (90.23%) are currently married, 5 (3.76%) are divorced, 5 (3.76%) are widowed, and 3 (2.26%) are other. According to Mothers Religion, 77 (57.89%) of respondents are Christians, 48 (36.09%) are Muslims, and 8 (6.02%) practice other religions. According to the mother's education, 38 (28.57%) of them are illiterate, 26 (19.55%) have completed elementary school, 55 (41.35%) have completed secondary education, and 14 (10.53%) have completed further education. Mother's Occupation data reveals that 24 (or 18.05%) of the respondents work as housewives, 47 (or 35.34%) are employed by private companies, 56 (or 42.11%) are employed by the government, and 6 (or 4.51%) are other occupations. 100% of the 133 respondents agreed that the father is the head of the household. In terms of total family size, 90 (67.67%) are five members, whereas 43 (32.33%) are. In terms of respondents with under-five children, 23 (or 17.29%) had one while 110 (or 82.71%) had three or more. According to family monthly income, 25 respondents (18.80%) make more than $100,000 per month, while 40 respondents (30.08%) earn between $50,000 and $10,000. Of the respondents, 68 (51.13%) earned less than $50,000.

Table 1: Demographic and socioeconomic characteristics of respondents

S/N	ITEMS	RESPONSE	FREQUENCY	PERCENTAGE	TOTAL
1	Mother’s Age (in years)	15-19 years	12	9.02	10
		20-24 years	36	27.07	
		25-29 years	54	40.60	
		30-34 years	17	12.78	
		35-39 years	7	5.26	
		≥40	7	5.26	
2	Mother’s marital status	Currently married	120	90.23	100
		Divorced	5	3.76	
		Widowed	5	3.76	

		Others	3	2.26	
3	Mothers Religion	Christianity	77	57.89	
		Muslim	48	36.09	
		Others	8	6.02	
4	Mother's Education	Illiterate	38	28.57	100
		Primary	26	19.55	
		Secondary	55	41.35	
		Higher Institution	14	10.3	
5	Mother's Occupation	Housewife	24	18.05	100
		Private	47	35.32	
		Government employee	56	42.11	
		Others	6	4.51	
6	Head of household	Father	133	100	
		Mother	0		
7	Total family size	<5	90	67.67	
		≥5	43	32.33	
8	Number of under-five children	1	23	17.29	
		≥3	110	82.71	
9	Family monthly income	<50,000	68	51.13	10
		50,000–100,000	40	30.08	

		>100,000	25	18.80	

Source: Field data, 2022

Characteristics and caring practices of under-five children

Child's sex data reveals that 75 (56.39%) of the under-five population are male, while 58 (43.61%) are female (Table 2). Child age in months shows that 40 (30.08%) of respondents are between the ages of 6 and 11 months, 37 (27.82%) are between the ages of 12 and 23 months, 24 (18.05%) are between the ages of 24 and 35 months, 16 (12.03%) are between the ages of 36 and 47 months, and 16 (12.03%) are between the ages of 48 and 59 months. In terms of birth order, 15 (11.28%) people are 1, 67 (50.38%) people fall between 2-3, 30 (22.56%) people are between 4-5, and 21 (15.79%) people are 6.

Among those who started nursing, 56 (42.11%) did so within an hour, 46 (34.59%) did so hours later, and 31 (23.31%) did so days later. While 80 (or 60.15%) did not, 53 (or 39.85%) did receive prelacteal feeding. According to respondents' opinions regarding the type of prenatal meal, 97 (72.93%) chose animal milk, 26 (19.55%) butter, 5 (3.76%) water, and 5 (3.76%) other options. While 73 (54.89%) responders did not avoid colostrum, 60 (45.11%) did. While 93 respondents (69.92%) did not exclusively rely on breastfeeding, 40 (30.08%) did.

Among the respondents, 83 (62.41%) did not breastfeed whereas 50 (37.59%) did. While 113 (84.96%) respondents have not yet begun timely complementary feeding, 20 (15.04%) respondents have. Regarding feeding methods, 61 (45.86%) of respondents said they fed their kids with a spoon, whereas 26 (19.55%), 37 (27.82%), and 9 (6.77%) said they fed them with a cup or a hand. Among respondents, 40 (30.08%) immunized the kids, compared to 93 (69.92%) who did not (Table 2).

Table 2: Characteristics and caring practices of under-five children

S/N	ITEMS	RESPONSE	FREQUENCY	PERCENTAGE	TOTAL
1	Child’s sex	Male	75	56.39	100
		Female	58	43.61	
2	Child age (in months)	6–11	40	30.08	100
		12–23	37	27.82	
		24–35	24	18.05	
		36–47	16	12.03	
		48–59	16	12.03	

3	Birth order	1	15	11.28	100
		2-3	67	50.38	
		4-5	30	22.56	
		≥6	21	15.79	
4	Initiation of breastfeeding	Within one hour	56	42.11	100
		Hours later	46	34.59	
		Days later	31	23.31	
5	Received prelacteal feeding	Yes	53	39.85	
		No	80	60.15	
6	Type of prelacteal food	Animal milk	97	72.93	
		Butter	26	19.55	
		Water	5	3.76	
		Others	5	3.76	
7	Avoiding colostrums	Yes	60	45.11	
		No	73	54.89	
8	Exclusive breastfeeding	Yes	40	30.08	
		No	93	69.92	
9	Currently breastfeeding	Yes	50	37.59	
		No	83	62.41	
10	Timely complementary feeding started	Yes	20	15.04	

		No	113	84.96	
11	Materials used to feed	Spoon	61	45.86	100
		Cup	26	19.55	
		Hand	37	27.82	
		Bottle	9	6.77	
12	Child immunization	Yes	40	30.08	
		No	93	69.92	

Source: Field data, 2022

Maternal and environmental health characteristics of respondents

Respondents' maternal and environmental health features show that 79 (59.40%) of them continue prenatal care, whereas 54 (40.60%) did not (Table 3). 25 respondents (18.80%) gave birth at home, while 108 respondents (81.20%) were put to sleep in a medical facility. Mothers' hand washing habits show that 40 (30.08%) of them wash their hands after using the restroom, 54 (40.60%) before preparing meals, and 39 (29.32%) before serving it. 35 respondents (26.32%) acquire their drinking water from unprotected sources, whereas 98 respondents (73.68%) get it from protected sources. 42 (30.83%) of respondents don't have access to a latrine, compared to 92 (69.17%) who do. 18 respondents (or 13.53%) dumped their solid trash in a pit, compared to 115 (86.47%) who dumped it on an open field (Table 3).

Table 3: Maternal and environmental health characteristics of respondents

S/N	ITEMS	RESPONSE	FREQUENCY	PERCENTAGE	TOTAL
1	Antenatal care follow-up (index child)	Yes	79	59.40	
		No	54	40.60	
2.	Place of delivery for (index child)	Home	20	18.80	
		Health institution	101	81.20	

3	Hand washing practice of mother	After latrine use	40	30.08	
		Before preparing food	54	40.60	
		Before serving food	39	29.32	
4.	Source of drinking water	Unprotected source	35	36.32	
		Protected source	98	73.68	
5	Presence of Latrine	Yes	92	69.17	
		No	41	30.83	
6	Solid waste disposal	Open field	115	86.47	
		In a pit	18	13.53	

Source: Field data, 2022

Overall prevalence of malnutrition among under-five children

Regarding the prevalence of malnutrition in children under the age of five, 110 respondents (82.71%) reported that their weight for height (wasting) was normal, 13 respondents (9.77%) reported moderate wasting, 8 respondents (6.02%) reported severe wasting, and 2 respondents (1.50%) reported overall wasting (Table 4). Height for age (stunting) data shows that 74 (55.64%) of respondents have normal height, 34 (25.56%) have moderate stunting, 16 (12.03%) have severe stunting, and 9 (6.77%) have overall stunting. Weight for age (underweight) results in 99 respondents (74.44%) agreeing that it is normal, 15 respondents (11.28%) saying it is moderate underweight, 17 respondents (12.78%) saying it is severe underweight, and 2 respondents (1.50%) saying it is overall underweight (Table 4).

Table 4: Overall prevalence of malnutrition among under-five children

S/N	ITEMS	RESPONSE	FREQUENCY	PERCENTAGE	TOTAL
1	Weight for height (Wasting)	Normal	110	82.71	100
		Moderate wasting	13	9.77	

		Severe wasting	8	6.02	
		Overall wasting	2	1.50	
2	Height for age (stunting)	Normal	74	55.64	
		Moderate stunting	34	25.56	
		Severe stunting	16	12.03	
		Overall stunting	9	6.77	
3	Weight for age (underweight)	Normal	99	74.44	
		Moderate underweight	15	11.28	
		Moderate underweight	17	12.78	
		Overall underweight	2	1.50	

Source: Field data, 2022

Associated factors of malnutrition among under 5 children

All 133 respondents (100%) agreed that inadequate breastfeeding, an unbalanced diet, and inadequate feeding are linked determinants of malnutrition among children under the age of five, according to a study on this topic. A careless attitude toward childhood immunization was cited by 119 respondents (89.47%) as one of the contributing factors to malnutrition in children under the age of 5, whereas 14 respondents (10.53%) disagreed. While 48 (36.09%) respondents disagreed, 85 (63.91%) respondents agreed that the failure to provide supplementary feeding at the age of six months was one of the associated factors of malnutrition in children under five (Table 5).

Table 5: Associated factors of malnutrition among under 5 children

S/N	ITEMS	RESPONSES	FREQUENCY	PERCENTAGE	TOTAL
1	Poor Breastfeeding	Yes	133	100	100
		No	0	0	
2	Imbalanced diet	Yes	133	100	100

		No	0	0	
3	Poor Feeding	Yes	133	100	100
		No	0	0	
4	Uncared attitude towards child immunization	Yes	119	89.47	100
		No	14	10.53	
5.	Non initiation of supplementary feeding at 6months of Age	Yes	85	63.91	100
		No	48	36.09	

Source: Field data, 2022

CONCLUSION

The current investigation found that stunting, wasting, and underweight were common in the study area. The prevalence of child malnutrition (wasting, stunting, and underweight) formed a significant public health issue in the pastoral community, according to the WHO classification for public health significance. An analysis of independent variables with outcome variables found that households with a family size of five or more, prelacteal feeding, and the prevalence of diarrheal disease in the previous two weeks were the independent predictors of increasing wasting.

Increased stunting was independently predicted by being a male child, growing older, and not receiving all recommended vaccinations. Additionally, having a male infant, prelacteal feeding practices, being an illiterate mother, and not having completely immunized children were all independent predictors strongly linked to becoming underweight.

The following suggestions are meant to effectively reduce malnutrition in children under the age of five at Ilaje Bariga, Somolu, L.G.A, Lagos State.

Key interventions for enhancing children's nutritional status include encouraging the use of family planning, reducing diarrheal infections, and immunizing kids when combined with access to nutrition education programs.

The health extension program needs to be improved and participatory nutrition education should be offered in order to increase awareness and create behavior change communication for better child feeding and caring practices in the pastoral community.

A study that incorporated a brand-new questionnaire and a one-on-one interview would offer a more thorough analysis of the respondents' eating habits and patterns. The knowledge and experience of respondents, as well as cultural norms, taboos, and beliefs, would also be more accurately assessed

in a face-to-face interview.

Due to the quantitative nature of this study, a mixed-method research study design is advised for future investigations into the relationships between the independent variables and the dependent variable of moderate malnutrition.

Incorporating a qualitative approach could add more specifics regarding participants who struggled with literacy, enhancing the generalizability of the conclusions. Future research involving one independent variable at a time with moderate malnutrition as the outcome could yield more accurate results.

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