

**Maternal knowledge and individual influencing factors on nutrition in children under five years attending Kajjansi Health Centre IV, Wakiso District:
A descriptive cross-sectional study.**

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Abstract

Background

This study aims to examine Maternal knowledge and influencing factors on nutrition in children under five years attending Kajjansi Health Centre IV, Wakiso District.

Methodology

A descriptive cross-sectional study design, employing a quantitative research method, was used to obtain data. The design was chosen because it was cost-saving, easier to carry out, and carried out in a shorter time. The study targeted mothers of children under five years attending Kajjansi Health Centre IV, Wakiso District, during the time of data collection. The collected data was then coded and cleaned to remove any errors or inconsistencies. The cleaned, coded data were then entered into Microsoft Excel 2022 for analysis, and findings were summarized and presented using frequency tables, graphs, and pie charts.

Results

The majority, 24 (53.3%) of the mothers were aged 29–38 years, followed by 14 (31.1%) aged 18–28 years, 5 (11.1%) were between 39–49 years, and the least 3 (6.7%) were aged 50 years and above. The majority, 29 (64.4%), were not sure which nutrients prevent malnutrition, and 7 (15.6%) correctly identified iron, vitamin A, and zinc as essential. Most respondents, 38 (84.4%), knew that improper feeding has negative effects, while 7 (15.6%) did not know. Many 31 (68.9%) felt that good feeding is very important, while 5 (11.1%) felt it is not important. Most respondents, 28 (62.2%), believed carbohydrates such as rice and porridge are best for growth, whereas 2 (4.4%) alone are most important.

Conclusions

Many mothers lacked adequate understanding of specific nutrients essential for preventing malnutrition, with the majority unsure of key micronutrients.

Recommendations

Mothers and caregivers should actively attend growth-monitoring sessions and follow recommended feeding practices by providing balanced meals that go beyond carbohydrate-based foods.

Keywords: Nutrition, children under five, maternal knowledge, individual influencing factors, Kajjansi Health Centre IV, Wakiso District.

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Background of the Study

Proper nutrition for children under five refers to providing the right amounts of energy, protein, vitamins, and minerals necessary to support growth, immunity, brain development, and overall health (Pinto et al., 2023). Children in this age group have high nutritional needs due to their rapid physical and cognitive development, making them particularly vulnerable to deficiencies if their diet is inadequate (Saavedra & Prentice, 2023). Key requirements include sufficient calories for growth, protein for tissue development, iron for cognitive function, vitamin A for vision and immunity, and zinc for immune support and recovery from infections (Kiani et al., 2022). Globally,

malnutrition affects about 149 million children under five who are stunted and 45 million who are wasted, leading to nearly 45% of deaths among children under five worldwide due to poor maternal knowledge about breastfeeding and complementary feeding, food insecurity, cultural taboos, and poverty (Dassie et al., 2024).

In Sub-Saharan Africa, about 33% of children under five are stunted, 46% are wasted, and 24% are underweight, resulting in high child mortality rates, susceptibility to infectious diseases, and poor physical and mental development (Amadu et al., 2021). In Nigeria, 37% of children are stunted and 27% wasted, with maternal ignorance, reliance on traditional feeding methods, and

poverty and poor maternal knowledge often leading to carbohydrate-heavy diets with little protein or micronutrients, leaving children vulnerable to anemia, growth delays, and weak immunity (Fadare et al., 2019).

Within Uganda, particularly in Central Uganda, only 27% of mothers have adequate knowledge of nutritional child feeding, while 57% practice early weaning and irregular feeding, contributing to wasting and stunting due to poverty, poor maternal education, reliance on carbohydrate-dominated diets, and limited awareness of child nutrition guidelines continue to drive the problem (Sewannonda et al., 2022). In Wakiso District, malnutrition is still common, with 23% of children under five stunted and 9% underweight, mainly due to poor maternal knowledge on nutrition, misconceptions about exclusive breastfeeding, and financial constraints leading to frequent infections, poor growth, and developmental delays, which worsen the child's survival chances (Nsubuga et al., 2020).

Maternal knowledge of nutrition in children under 5 years is vital for preventing malnutrition, improving feeding practices, and ensuring healthy growth and development in other populations of age (Keats et al., 2021). This study aims to examine Maternal knowledge and influencing factors on nutrition in children under five years attending Kajjansi Health Centre IV, Wakiso District.

METHODOLOGY

Study Design and Rationale

This research used a descriptive cross-sectional study design, employing a quantitative research method to obtain data. The study was cross-sectional because it was carried out at one point in time without further follow-up. The design was chosen because it was cost-saving, easier to carry out, and carried out in a shorter time.

Study Setting and Rationale

The study was conducted at Kajjansi Health Centre IV, located in Kajjansi Town Council, Wakiso District, in the Central Region of Uganda. The facility is situated along Entebbe Road, approximately 20 kilometres from Kampala, making it easily accessible to the surrounding peri-urban and rural communities. It serves as a major public health facility for residents of Kajjansi and nearby areas such as Kitende, Seguku, Lutembe, and Nakawuka. The approximate geographical coordinates of the health center are 0°12'05.0"N, 32°33'10.0"E (Latitude: 0.201389; Longitude: 32.552778). Kajjansi Health Centre IV is a government-managed facility under the Ministry of Health and provides a wide range of health services, including maternal and child health (MCH), nutrition services, outpatient department and inpatient care, family planning (FP), HIV/AIDS management, antenatal care (ANC) and postnatal care (PNC), as well as emergency services. The health center serves a large catchment population with an estimated 80–120 under-five children accessing growth monitoring,

nutrition assessment, and treatment services monthly. This made it a site suitable for studying this research.

Study Population

The study targeted mothers of children under five years attending Kajjansi Health Centre IV, Wakiso District, during the time of data collection.

Sample Size Determination

The sample size was calculated using the formula developed by Kish and Leslie (1965), given by: $n =$

Where;

What was the sample size required

P was the conservative prevalence of maternal knowledge regarding nutrition in children under 5, which was 50% since no study has been done in Uganda.

p 50 % which was equivalent to 0.50

d=0.05 was the acceptable error of estimation at a 95% confidence interval

Z was the confidence interval at 95% =1.96

Therefore

$$n = \frac{(1.96)^2 \times 0.50 (1-0.50)}{(0.05)^2}$$

N = 384 respondents

Applying the finite correction factor FPC

Where N was 50, since the hospital receives 10 mothers per day, and the researcher intends to carry out the research in five days.

$$N = 10 \times 5 = 50$$

$$N0 = n$$

$$1 + n - 1$$

A convenience sampling technique was used to select study participants. This method was suitable as it allowed easy access to mothers seeking nutrition and child health services at Kajjansi Health Centre IV, who were readily available and willing to participate. This approach was practical and efficient within the clinical setting, enabling completion of the study within the planned timeframe while ensuring adequate representation of the target population.

Eligibility Criteria

Inclusion Criteria

All mothers between 29 and 38 years with children under five years who consented to participate in the study.

Exclusion Criteria

Mothers with children under five years who had consented but declined to continue with the study were excluded. Also, those who were not present at the time of data collection.

Dependent Variables

The dependent variable was the level of maternal knowledge regarding nutrition.

Independent Variables

The independent variables were factors influencing maternal knowledge of nutrition. These included individual related factors such as age, level of education, and income levels, among others.

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Research Instrument

In this study, a structured questionnaire was used and was written in English, containing closed-ended questions in line with the study objectives. The questionnaire consisted of four sections, and these mainly included sections on social-demographic data, maternal knowledge, and individual factors. The illiterate mothers were considered as the questions were verbally read to them in the local language under stable language as the researcher assistants filled in their views.

Data Collection Procedure

An introductory letter from the Dean, Mildmay Uganda School of Nursing and Midwifery, was obtained and used to request permission from the facility in charge of Kajjansi Health Centre IV. A self-introduction was made, and the purpose of the study was explained to obtain permission to conduct the study among respondents. The in-charge introduced the study to the mothers, and the purpose was explained to each respondent. Data collection was conducted over five days, sampling 10 mothers per day to obtain 50 respondents. Research assistants were trained to assist in translating English questions into the local language for illiterate respondents to ensure understanding and appropriate responses. Verbal and informed consent were obtained from each respondent after a clear explanation of the research purpose. Each respondent was seated comfortably in a separate corner within the facility compound, assured of confidentiality, and requested to complete the researcher-administered questionnaire, which took 20-30 minutes.

Data Management and Analysis

Data Management

At the end of each day of data collection, all completed questionnaires were carefully reviewed to ensure accuracy and completeness. The collected data were then coded and cleaned to remove any errors or inconsistencies. Hard copy questionnaires were securely stored in a lockable cabinet to maintain confidentiality, while electronic data were stored

on a password-protected computer accessible only to the principal investigator.

Data Analysis and Presentation

Data was first checked for accuracy and completeness before entry. The cleaned, coded data were then entered into Microsoft Excel 2022 for analysis. Findings were summarized and presented using frequency tables, graphs, and pie charts to illustrate trends and patterns in maternal knowledge and factors influencing maternal knowledge regarding nutrition in children under five years.

Quality Control

Validity

Validity was ensured by designing the questionnaire to directly reflect the study objectives on maternal knowledge and influencing factors regarding nutrition in children under five years. The research supervisor reviewed the data collection tool to confirm that the questions were relevant, clear, and accurately measured the intended variables. The questionnaire was presented to a panel of experts to review the questions. Feedback was used to adjust the questionnaire to establish face and construct validity.

Reliability

Reliability was checked through pre-testing the questionnaire at a nearby Zana Hospital with 8 mothers of children under five years. Feedback from the pre-test was used to refine the tool, ensuring that the questions were consistent, clear, and understandable before the actual data collection at Kajjansi Health Centre IV.

Ethical Considerations

An introductory letter from the Dean, Mildmay Uganda School of Nursing and Midwifery, was obtained and used to request permission from the facility in charge of Kajjansi Health Centre IV. A self-introduction was made, and the purpose of the study was explained to obtain permission to conduct the study among respondents. The in-charge introduced the study to the mothers, and the purpose was explained to each respondent. All respondents were provided with written informed consent after receiving a detailed description of the study. For confidentiality and anonymity, serial numbers were used instead of names, and the questionnaires were kept in a locked cupboard with the key held by the principal investigator. Respondents were thanked after completing the interview.

Results

Socio-Demographic Data of Respondents

Table 1: Demographic characteristics of respondents. N=45

Variable	Category	Frequency (n)	Percentage (%)
Age bracket	18–28	14	31.1
	29–38	24	53.3
	39–49	5	11.1
	50 years and above	3	6.7
Marital status	Married	29	64.5
	Widowed	2	4.4
	Divorced	6	13.3
	Single	8	17.8
Occupation	Business woman	27	60.0
	Casual worker	5	11.1
	Unemployed	3	6.7
	Civil servant	10	22.2
Highest level of education	None	3	6.7
	Primary education	6	13.3
	Secondary education	24	53.3
	Tertiary education	12	26.7
TOTAL		45	100

Table 1 shows that the majority, 24 (53.3%) of the mothers were aged 29–38 years, followed by 14 (31.1%) aged 18–28 years, 5 (11.1%) were between 39–49 years, and the least 3 (6.7%) were aged 50 years and above. More than half 29, 64.5%) of the respondents were married, while 8 (17.8%) were single. A further 6 (13.3%) were divorced, and the

smallest group, 2 (4.4%), were widowed. The majority, 27 (60.0%) of the mothers were businesswomen, followed by 10 (22.2%) who were civil servants, while 3 (6.7%) were unemployed. More than half 24, 53.3%) had completed secondary education, while the least 3 (6.7%) had no formal education.

The Maternal Knowledge Regarding Nutrition in Children Under Five Years Attending Kajjansi Health Centre IV, Wakiso District.

Figure 1: Shows awareness of child feeding practices

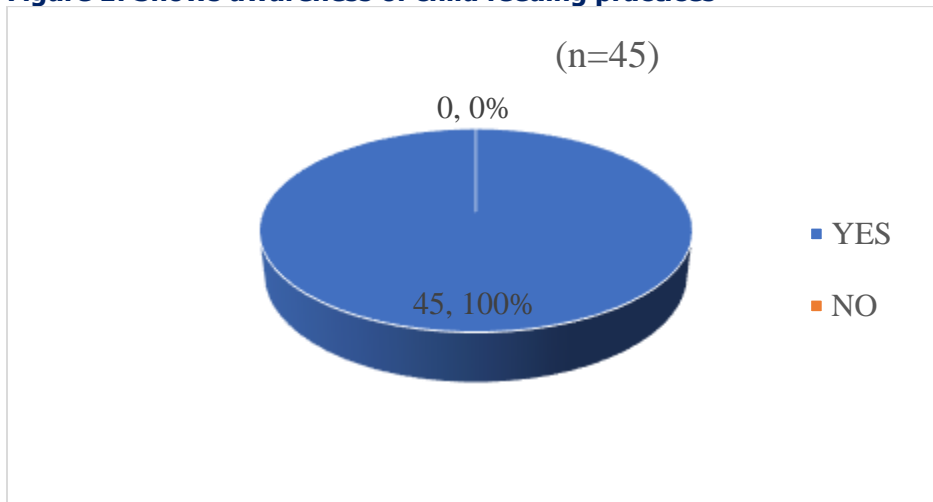


Figure 2 indicates that all respondents, 45 (100%), had heard about child feeding practices,

Table 2: Shows knowledge of important requirements for child growth, nutrients that prevent malnutrition, and effects of improper feeding practices.

Variable	Category	Frequency (n)	Percentage (%)
An important factor for a child's growth	Only porridge	11	24.4
	Balanced diet	30	66.7
	Not sure	4	8.9
	Total	45	100
Nutrients important to prevent malnutrition	Iron, vitamin A, zinc	7	15.6
	Only carbohydrates	9	20.0
	Not sure	29	64.4
	Total	45	100
Awareness of the effects of improper child feeding practices	Yes	38	84.4
	No	7	15.6
	Total	45	100
Effects of improper feeding practices (N = 38)	Retarded growth	31	81.6
	Sickness	7	18.4
	Total	38	100

Table 2 demonstrates that most respondents, 30 (66.7%), identified a balanced diet as important for child growth, while 4 (8.9%) were not sure. The majority, 29 (64.4%), were not sure which nutrients prevent malnutrition, and 7 (15.6%) correctly identified iron, vitamin A, and zinc as

essential. Most respondents, 38 (84.4%), knew that improper feeding has negative effects, while 7 (15.6%) did not know. Among the 38 who knew the effects, the majority, 31 (81.6%), mentioned retarded growth, while 7 (18.4%) mentioned sickness as a consequence.

The Individual-Related Factors Influencing Maternal Knowledge Regarding Nutrition in Children Under Five Years Attending Kajjansi Health Centre IV, Wakiso District.

Table 3 shows the primary support in feeding the child, the presence of health conditions affecting clinic attendance, and the perception of the importance of good feeding for children

Variable	Category	Frequency (n)	Percentage (%)
The main source of support in feeding the child	Spouse	15	33.3
	Family/relatives	3	6.7
	Friends/community group	0	0.0
	No support	26	57.8
	Total	45	100
A health condition that makes it hard to attend regular clinic nutrition visits	Yes	12	26.7
	No	33	73.3
	Total	45	100
Feelings about good feeding for the child	Very important	31	68.9
	Somehow important	9	20.0
	Not important	5	11.1
	Total	45	100

Table 3 reveals that most respondents, 26 (57.8%), reported receiving no support in feeding their children, and only 3 (6.7%) were supported by family or relatives. The majority, 33 (73.3%), had no health conditions affecting their ability

to attend nutrition clinics, while 12 (26.7%) did. Many 31 (68.9%) felt that good feeding is very important, while 5 (11.1%) felt it is not important.

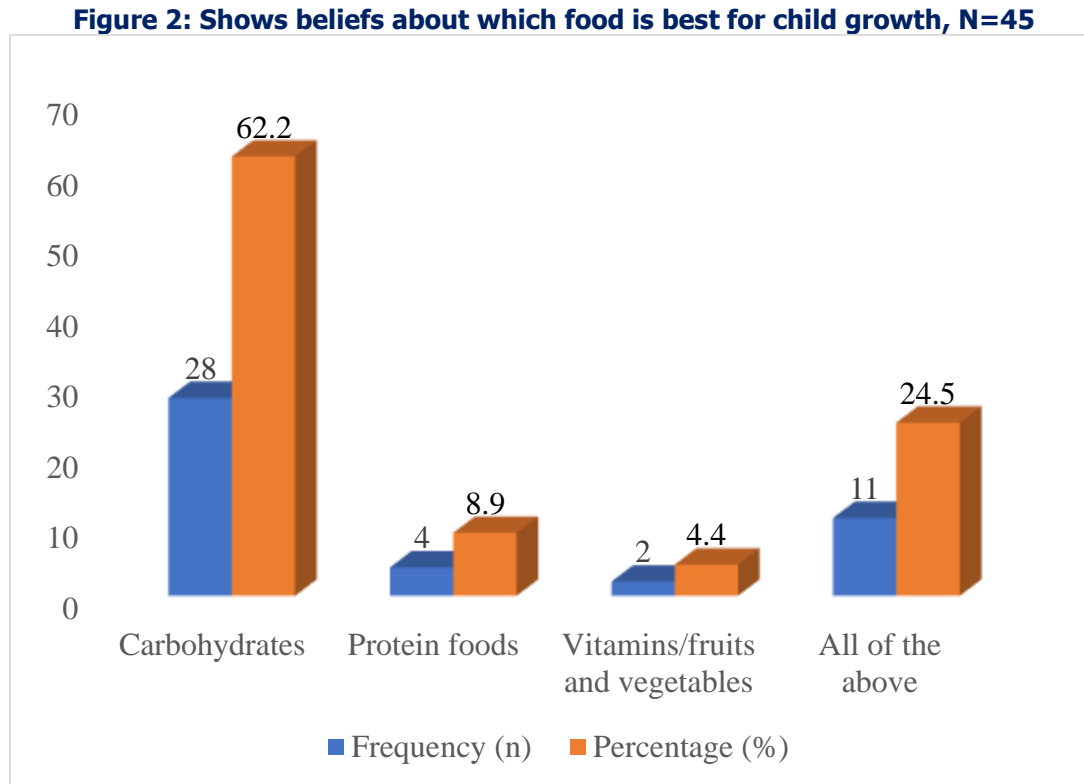


Figure 2 demonstrates that most respondents, 28 (62.2%), believed carbohydrates such as rice and porridge are best for growth, whereas 2 (4.4%) alone are most important.

Discussion

The Maternal Knowledge Regarding Nutrition in Children Under Five Years Attending Kajjansi Health Centre IV, Wakiso District.

All respondents (100%) reported having heard about child feeding practices. This could be because nutrition education is commonly delivered during antenatal and postnatal sessions, outreach programs, and community health initiatives. This shows that awareness levels are relatively high, fulfilling the first step toward adequate child nutrition knowledge. This was contrary to a study done by Gebremichael, M. A., & Belachew Lema, T. (2023), which revealed that 44% had adequate knowledge of the recommended infant and young child feeding practices.

Research findings indicated that the majority (66.7%) identified a balanced diet as important for child growth. This could be because health workers and community programs emphasize balanced feeding as part of routine child health education. This suggests substantial understanding among mothers regarding optimal nutrition and highlights the effectiveness of existing nutrition messaging. This was in line with a study carried out by Forh et al. (2022), where 38% understood the role of dietary diversity in preventing malnutrition.

The findings of this study also reveal that 64.4% were not sure about specific nutrients that help prevent malnutrition. This could be because nutrition education often focuses on general feeding rather than micronutrient-specific information. This implies gaps in detailed nutrition knowledge, indicating the need for more targeted micronutrient education. Similar findings were reported by Thurstans-Fuller et al (2025), who noted that 33% could identify micronutrients such as iron and vitamin A as essential for child growth.

According to the study findings, 84.4% knew the effects of poor feeding practices. Among the 38 who responded, 81.6% mentioned retarded growth, and 18.4% cited frequent sickness. This could be because mothers frequently observe these consequences in their communities or have been counselled about them during child health visits, thus showing that mothers understand the dangers of malnutrition, which is essential for promoting proper feeding practices. This was in disagreement with a study done by De & Chattopadhyay (2019), which showed that 29% of mothers understood that malnutrition was linked to delayed growth and frequent illness. The findings of the study showed that the above maternal knowledge influenced the nutrition in children under five years.

The Individual-Related Factors Influencing Maternal Knowledge Regarding Nutrition in

Children Under Five Years Attending Kajjansi Health Centre IV, Wakiso District.

A significant proportion (57.8%) reported receiving no support in child feeding, which was because many mothers in urban and peri-urban settings shoulder most childcare responsibilities, especially those working in small businesses with limited extended-family involvement. This implies that a lack of social support may limit opportunities for mothers to practice or learn about optimal feeding. The findings were contrary to a study done by Bimpong et al. (2020), which indicated that mothers who received support from spouses, peers, or extended family were 45% more likely to adopt correct feeding practices.

A majority (62.2%) believed carbohydrates are best for growth, while only 24.5% recognized that all food groups are essential. This could be because carbohydrate-rich foods are more affordable, widely available, and traditionally regarded as staple foods for children. This shows that despite general awareness of feeding practices, misconceptions still exist, affecting dietary diversity among children. This was in agreement with a study carried out by Mapis (2020), which indicated that 60% of mothers influenced by cultural traditions believed that carbohydrate-based foods such as rice or porridge alone were sufficient for child growth. The findings of the study showed that the above individual-related factors influenced maternal knowledge regarding nutrition in children under five years.

Conclusion

Regarding maternal knowledge on nutrition, the study revealed that although all respondents had heard about child feeding practices, most recognized the importance of a balanced diet. Many mothers lacked adequate understanding of specific nutrients essential for preventing malnutrition, with the majority unsure of key micronutrients. In relation to the individual-related factors influencing maternal knowledge, the results showed that most mothers valued good feeding practices, and the majority had no health conditions hindering clinic attendance. However, limited social support - reported by the majority of the respondents - emerged as a barrier that could negatively affect mothers' capacity to implement optimal feeding practices.

Limitations of the Study.

As a cross-sectional study, the research only captured information at a single point in time, making it difficult to establish cause-and-effect relationships between knowledge and perceptions towards utilization of periodontal screening services.

The study's reliance on quantitative methods may limit the depth of individual views and personal explanations. Some participants might have provided socially desirable responses rather than their actual perceptions or practices, which may affect accuracy.

Recommendations

To Mothers and Caregivers

Mothers and caregivers should actively attend growth-monitoring sessions and follow recommended feeding practices by providing balanced meals that go beyond carbohydrate-based foods.

To Future Researchers

Future researchers should explore the effectiveness of community-based nutrition interventions and identify the most practical strategies for improving feeding practices among caregivers.

Nursing Implications

The findings of this study have important implications for nursing practice, particularly in strengthening the role of nurses in improving maternal knowledge of child nutrition. The results show that many mothers lack adequate understanding of essential nutrients, balanced feeding, and the consequences of improper child feeding, highlighting the need for nurses to take a more proactive role in nutrition counselling during routine child health visits. This suggests that nurses must intensify health education activities, use simple and practical communication methods, and provide consistent guidance on appropriate feeding practices for children under five. The study further implies that nurses should advocate for supportive environments where mothers feel encouraged to seek information and participate in nutrition programs. In addition, nurses need to collaborate with community health workers to extend nutrition education to households, ensuring continuity of care beyond the health facility. Overall, the study underscores that enhancing nursing involvement in maternal nutrition counselling can significantly contribute to reducing malnutrition and promoting healthy growth among children under five.

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May God richly bless them all.

List of abbreviations

ANC: Antenatal Care

FPC: Finite Population Correction

FP: Family Planning
HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
MCH: Maternal and Child Health
PNC: Postnatal Care

Conflict of interest

The author declared no conflict of interest.

Author contributions

Shaidat Biira Katusiime was the principal investigator.
Edrine I. Mayanja supervised the research.
Hasifa Nansereko supervised the research.
Immaculate Prosperia Naggulu supervised the research.
Jane Frank Nalubega supervised the research.

Data availability

Data is available on request.

Author Biography

Shaidat Biira Katusiime is a student at Mildmay Uganda School of Nursing and Midwifery.
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REFERENCES

1. Amadu, I., Seidu, A.-A., Duku, E., Frimpong, J. B., Jnr, J. E. H., Aboagye, R. G., Ampah, B., Adu, C., & Ahinkorah, B. O. (2021). Risk factors associated with the coexistence of stunting, underweight, and wasting in children under 5 from 31 sub-Saharan African countries. *BMJ Open*, 11(12), e052267. <https://doi.org/10.1136/bmjopen-2021-052267>
2. Bimpong, K. A., Cheyuo, E. K.-E., Abdul-Mumin, A., Ayanore, M. A., Kubuga, C. K., & Mogre, V. (2020). Mothers' knowledge and attitudes regarding child feeding recommendations, complementary feeding practices, and determinants of adequate diet. *BMC Nutrition*, 6(1), 67. <https://doi.org/10.1186/s40795-020-00393-0>
3. Dassie, G. A., Chala Fantaye, T., Charkos, T. G., Sento Erba, M., & Balcha Tolosa, F. (2024). Factors influencing concurrent wasting, stunting, and underweight among children under five who suffered from severe acute malnutrition in low-and middle-income countries: a systematic review. *Frontiers in Nutrition*, 11, 1452963. <https://doi.org/10.3389/fnut.2024.1452963>
4. De, P., & Chattopadhyay, N. (2019). Effects of malnutrition on child development: Evidence from a backward district of India. *Clinical Epidemiology and Global Health*, 7(3), 439–445. <https://doi.org/10.1016/j.cegh.2019.01.014>
5. Fadare, O., Amare, M., Mavrotas, G., Akerele, D., & Ogunniyi, A. (2019). Mother's nutrition-related knowledge and child nutrition outcomes: Empirical evidence from Nigeria. *PloS One*, 14(2), e0212775. <https://doi.org/10.1371/journal.pone.0212775>
6. Forh, G., Apprey, C., & Frimpomaa Agyapong, N. A. (2022). Nutritional knowledge and practices of mothers/caregivers and their impact on the nutritional status of children 6–59 months in Sefwi Wiawso Municipality, Western-North Region, Ghana. *Heliyon*, 8(12), e12330. <https://doi.org/10.1016/j.heliyon.2022.e12330>
7. Gebremichael, M. A., & Belachew Lema, T. (2023). Dietary diversity, nutritional status, and associated factors among pregnant women in their first trimester of pregnancy in Ambo District, Western Ethiopia. *Nutrition and Metabolic Insights*, 16. <https://doi.org/10.1177/11786388231190515>
8. Keats, E. C., Das, J. K., Salam, R. A., Lassi, Z. S., Imdad, A., Black, R. E., & Bhutta, Z. A. (2021). Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*, 5(5), 367–384. [https://doi.org/10.1016/S2352-4642\(20\)30274-1](https://doi.org/10.1016/S2352-4642(20)30274-1)
9. Kiani, A. K., Dhuli, K., Donato, K., Aquilanti, B., Velluti, V., Matera, G., Iaconelli, A., Connelly, S. T., Bellinato, F., & Gisondi, P. (2022). Main nutritional deficiencies. *Journal of Preventive Medicine and Hygiene*, 63(2 Suppl 3), E93.
10. Mapis, G. (2020). The dietary decision-making process of women in Nigeria. Walden University.
11. Randomized control trial. *Journal of Nutrition and Metabolism*, 2020(1), 6571583.
12. <https://doi.org/10.1155/2020/6571583>
13. Nsubuga, E. J., Muzafaru, S., Isunju, J. B., & Mayega, R. W. (2020). Determinants of stunting and underweight among children aged 6 to 59 months in Bussi Islands of Wakiso District, Uganda: a cross-sectional study. <https://doi.org/10.21203/rs.2.23751/v1>
14. Pinto, J., da Costa Ximenes, Z., de Jesus, A., de Jesus Leite, A. do R., & Noronha, H. (2023). The Role of Nutrition in Children's Growth and Development at an Early Age: Systematic Review. *International Journal of Research in Science and*

- Technology, 13(4), 23-30.
<https://doi.org/10.37648/ijrst.v13i04.004>
15. Saavedra, J. M., & Prentice, A. M. (2023). Nutrition in school-age children: a rationale for revisiting priorities. *Nutrition Reviews*, 81(7), 823-843. <https://doi.org/10.1093/nutrit/nuac089>
16. Sewannonda, A., Medel-Herrero, A., Nankabirwa, V., & Flaherman, V. J. (2022). Experiences and attitudes related to newborn feeding in central Uganda: A qualitative study. *PLoS One*, 17(10), e0274010.
<https://doi.org/10.1371/journal.pone.0274010>
17. Thurstans-Fuller, S., James, P., Menezes, R., Fleet, A., Chowdhury, I. A., Desormeaux, J., Razafimalaza, O. J. N., Codjia, P., Tyler, V., Tumilowicz, A., Sifri, Z., & Mates, E. (2025). Introducing Antenatal Multiple Micronutrient Supplements: Lessons Learned From Implementation Research in Bangladesh, Burkina Faso, Madagascar, and Tanzania. *Maternal & Child Nutrition*, 22(1), e70139.
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