Assessing local nutritional knowledge, perceptions, and acceptability of using locally available foods in the management of malnutrition among caregivers of children aged 12–59 months in Kisumu County, Kenya

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Abstract

Background:
Ready-to-Use Therapeutic Foods (RUTF) are effective in treating severe acute malnutrition (SAM), with 76 % of children recovering within three weeks. However, UNICEF supplies only 25 % of the needed RUTF and recommends local food alternatives. Many studies on alternative feeds adopt trial-based approaches, often overlooking the importance of engaging target communities.

Objective:
This study assessed caregivers' nutritional knowledge, perceptions, and acceptability of using locally available foods to manage malnutrition in children aged 12–59 months.

Methods:
A cross-sectional sequential exploratory mixed-methods design was used. Qualitative data were first collected in Obunga, Kisumu County (April–May 2024) through 20 in-depth interviews with caregivers who had managed malnutrition in children before. Thematic analysis for qualitative data followed Braun and Clarke's (2006) framework. These findings informed the development of a quantitative questionnaire assessing nutritional knowledge and acceptability, administered to 430 respondents. Acceptability was measured using six constructs of the theoretical framework of acceptability: affective attitude, burden to afford, ethicality, opportunity cost, effectiveness, and self-efficacy. Each construct was measured on a seven-point Likert scale. A total score of 27/42 on a seven-point Likert scale indicated acceptability. Local nutritional knowledge was graded as high for scores 5, between 3–4 as moderate and less than 3 as low nutritional knowledge.Binary logistic regression identified factors associated with acceptability.

Results:
Most caregivers (18/20) believed locally available foods were sufficient and nutritious for managing malnutrition. High nutritional knowledge was found in 89 % (n=340) of respondents. Overall acceptability of local foods was 56.81 % (n=217). Acceptance was high in terms of affective attitude (95.95 %), ethicality (89.27 %), effectiveness (74.08 %),

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and self-efficacy (53.14 %). However, affordability (79.32 %) and opportunity cost (88.19 %) posed significant barriers to acceptability. Knowledge of local foods' use in malnutrition was significantly associated with acceptability (AOR 1.7, 95 % CI 1.06–2.67, $p = 0.025$).

Conclusion:

Although nutritional knowledge was high, acceptability was moderate due to affordability and opportunity cost concerns. Making local foods more accessible could enhance their use in managing malnutrition.

Recommendation:

The government should develop policies that integrate the use of local foods for managing malnutrition, provide subsidies to make them financially accessible, and support their integration into treatment programs.