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Household dietary diversity and associated factors among rural residents of gomole district, borena zone, oromia regional state, Ethiopia

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Statement of the problems: Globally, it is estimated that approximately 2 billion (27%) of the world's population suffer from micronutrient deficiency. Among micronutrient deficiencies, 793 million (10.7%) of the worldwide population is calorie deficient and 19% of pregnant women are 'vitamin A' deficient. Over a quarter of the world's population is anaemic due to iron, foliate, and vitamin B12 deficiencies [1, 2]. Africa shared the highest ratio (44%) of iron deficiency anaemia among no pregnant women and 25–35%.

Methods: A community-based cross-sectional study design was conducted from November 1 to December 30, 2020, among 554 randomly selected rural households. Data were collected by using pretested structured face-to-face interviews about dietary intake by any household members within the past 24 h. The data were coded and entered into Epic data 3.1 and analysed using Statistical Package for Social Sciences version 23. Both descriptive analytic statistics were employed. Adjusted odds ratios (AOR) together with 95% confidence intervals and p-values of less than 0.05 were used to declare statistical significance.

Finding: Out of the total, 19% (95%; CI=15.7–22.2) of households had adequate dietary diversity scores. The mean (±SD) Dietary diversity score was 5.12 (±1.6). The most consumed food groups in the study area were cereals/grains (96.4%), condiments (salt and beverages (tea)) (84.3%) and milk and milk products (80%). The sex of the household head (AOR =2.31, 95% CI: 1.04–5.13), bank account ownership (AOR =2.18, 95% CI: 1.04–4.59) and livestock ownership (AOR =4.75, 95% CI: 1.35–16.73) were positively associated with dietary diversity. However, distance to the marketplace (AOR =0.11, 95% CI: 0.02–0.56) win the negatively associated with adequate dietary diversity.

Conclusion: There is low dietary diversity among households in the study area. Improving livestock rearing and bank accounts should be strengthened through strong intersectional collaboration to alleviate the problem.

Biography

Algeer Aliyo holds Master's in Medical microbiology from Haramaya University and BSc in medical laboratory technology from Hawassa University. His research interest is in the area of public health particu- larly in relation to infectious disease and non-infectious disease in affecting pastoral communities. He is serving as clinical coordinator at Institute of Health, Bule Hora University. Wako Golicha is an assistant professor. He holds MPH in General Public Health and BSc in Public Health from Hawassa University. His research interest is relation to public health problems. He is ur-rently serving as research and community service coordinator at Institute of Health, Bule Hora University.

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