

This study was conducted in Kenya. Samples of children and caregivers were selected using the EPI method. Food vendors and procurement strategy, demographic and socio-economic indicators of household were analyzed. A social economic index was derived. To understand the association between Dietary Diversity Score and mean anthropometric indices, confounding factors were identified on the basis of the UNICEF conceptual model of causes of malnutrition. A stepwise testing of confounders was done systematically resulting in a final multivariate model of regression on the mean nutritional indices. Only 32.8% were able to produce enough to last a year, most households did not meet their dietary needs. 48% of the households received food remittance as supplementary. Coping strategies within households were identified based on their frequency of occurrence. The observed poor breastfeeding beyond infancy underscores the need to stress on the contribution and benefits of breastfeeding to children, communities, and health systems. Dietary diversity positively correlated to household food availability. Increased consumption of common staples negatively correlated to food availability and dietary diversity. Stepwise regression identified access to roots and tubers, legumes and pulses, and carbonated drinks as the main determinants of food procurement and availability. Study shows that food production in households cannot meet food needs of even an area with adequate rainfall patterns. Low levels of education, employment and income observed among female caregivers constrain household purchasing power and knowledge required to select nutritious foods. Thus, empowering the women has far reaching benefits for nutritional outcomes of children.