

## MOTHER AND CHILD NUTRITION IN THE NWFP

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### INTRODUCTION

An analysis of food production capacity in Pakistan shows that sufficient food is available in the country. In addition, infectious diseases are on a decline, and educational and other services are reaching more and more people. In spite of that, malnutrition persists throughout the country at high social and economic cost to the nation.

Malnutrition can be defined as a state of human body which results from disease factors or from inadequate intake of nutrients, that affect digestion, absorption, transport and utilization of nutrients. This can be traced to internal as well as external factors. Internal factors are physiological in nature, which are usually caused by infectious diseases leading to pathological conditions. External factors on the other hand, are economic, social, political and cultural in nature which can influence the process of production and distribution in the society.

Keeping in view the complex nature of the problem of malnutrition globally, freedom from hunger and malnutrition was declared a basic human right in the Universal Declaration of Human Rights<sup>1</sup> in 1948. The importance of this right was reiterated in the United Nations World Food Conference<sup>2</sup> in 1974, and elimination of hunger and malnutrition was adopted as one of the goals of the Third Development Decade. The concerns expressed at the global level adequately signify the gravity of the problem, to alleviate which actions must be initiated at the national level.

### CURRENT SITUATION

In spite of the fact that malnutrition is common in Pakistan, specific information for its analysis and action has always been lacking. This gap has recently been filled in by a survey report on nutrition at the national level<sup>3</sup>. This survey represents the country situation with some disaggregation also representing the provincial situation. According to this survey the extent of malnutrition among women and children in Pakistan is as follows: -

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## I. Among Pregnant and Lactating Women

- Under-weight for height ( BMI under 19)	34%
- Severely under-weight for height (BMI 16)	6%
- Anaemic (under 11 gm% haemoglobin)	45%
- Severely anaemic (under 9 gm%)	10%

## II. Among Children under 5 –years of age:

- Malnutrition (low weight-for-age)	48%
- Severe Malnutrition (very low weight-for-age)	10%
- Chronic Malnutrition (shutting: low-height-for-age)	46% (NWFP 56.8%)
- Acute Malnutrition (Wasting: low weight for height)	15% (NWFP 6.0%)
- Acute Malnutrition among infants	20%
- Anaemic (under 11 gm % haemoglobin)	65%
- Severely anaemic (9 gm%)	28%

In addition, the problem of Iodine Deficiency Disorders (IDDs) is so widespread in the Province, especially in Malakand and Hazara divisions that in some of the endemic areas, like Chitral, the prevalence level of goiter reaches upto 70% and that of cretinism upto 10%.

## **NUTRITION OBJECTIVES**

Based on the current situation explained above, the general nutrition objectives are suggested as follows: -

- I. Control of Micronutrient deficiency disorder, and
- II. Control of protein energy malnutrition

The specific objectives to reach the major objectives would be as follows: -

- a) reduction of iron deficiency anaemia, among women of child bearing age by one- third of the current level;
- b) virtual elimination of IDDs;
- c) virtual elimination of Vitamin ‘A’ deficiency and its consequences, including blindness

- d) reduction of both moderate and severe protein energy malnutrition in children under five years of age by one-half of the current level; and
- e) reduction in the rate of low birth weight babies to less than 10%.

The total population suffering from malnutrition in the NWFP that would constitute the target groups to meet the above objectives would be as follows: -

1. Married women (including pregnant and lactating) — about three million
2. Children < 5 years of age — about three million.
3. Child bearing age women for IDD control in Malakand and Hazara divisions — about 1.6 million.
4. Children for IDD control (both male and female) < 15 years of age — about 3 million.
5. Adults (male for IDD control of 15-19 years of age — about 0.37 million.

## **STRATEGY**

Self-reliance should be adopted as a strategy at all levels as a means to achieve the objectives, in view of the fact that based on the local resources, it could conveniently lead to sustainability and scale. This strategy would suggest the mode to conceptualise the problem at different levels through assessment and analysis, and the types of actions to be taken to alleviate the problem. This would involve how the information to be collected has to be used, and as such, what information must be collected.

Since, the process starts with assessment and analysis of the situation followed by action, the direction of approach may be influenced by the quality of judgement of the persons involved. There may be agreement among them over existence of the problem, but not necessarily, over its causes. And if there is agreement over the causes, there may still be disagreement over the actions to be taken. Therefore, there is need for conceptualization of the problem within a certain framework to guide in assessment and analysis of the situation in order to identify the causes of the problem at different times, and at different levels. In terms of time, there could be immediate causes leading to manifestation of problem, underlying causes, contributing towards malnutrition, and basic causes, deep-rooted in the socio-economic milieu of the society. In terms of levels on the other hand, the causes could be related to the household, the community and the society or even all of them. The overall problem could thus be explained as follow:

### **I- IMMEDIATE CAUSES:**

Immediate causes of malnutrition are often the result of a long sequence of interlinked events. As such it may be difficult to take any action on the basis of manifestation, as it may only indicate a situation that requires further investigation. On the other hand, it may be possible in some cases to identify the immediate causes of malnutrition as in the case of malnutrition due to diarrhoea.

### **II- UNDERLYING CAUSES**

e) Inadequate or improper education, particularly of women, affects their ability to improve nutrition for their families.

Underlying causes of malnutrition could be many, but important ones could be listed as follows: -

**a) Low intake due to lack of household food security.**

Household food security and access to food is important although it does not guarantee nutrition by itself. This difference is visible both at national as well as household level. National food security means adequate food availability at the national level but the system may not effectively reach the community or the household for equitable distribution of food, due to difference in the purchasing power of the consumers. On the other hand, household food security should also focus on the distribution of food within household. In this regard explicit attention needs to be paid to women's heavy workload, and equitable share in the family food.

**b) Limited time with mother for breastfeeding and child care**

Breastmilk, right from the birth of a child onwards from four to six months, serves as a complete food when given on demand. In places where the women have to work in the field, or have to travel long distances to collect water, they find inadequate time for child care. This leads to inadequate breastfeeding and causes malnutrition among children.

**c) Lack of or low utilization of health services**

Health services are available in the Province in a hierarchical order, but these need to be better equipped both in terms of supplies and equipment as well as staff training, deployment and motivation in order to promote the concept of primary health care. This situation leads to lack of, or low utilization of health services.

**d) Lack of clean water supply, insanitary surroundings and poor food hygiene**

Protein energy malnutrition appears frequently among children during the weaning period, due to the fact that dietary intake is the result of meal frequency, amount of food at a time, energy and nutrient density of the food, and biological utilization. If hygiene practices fail during this period due to lack of clean water or insanitary surroundings, weaning foods can turn into a major vehicle for the transmission of faecal pathogens, and lead to malnutrition among children.

**e) Lack of Education**

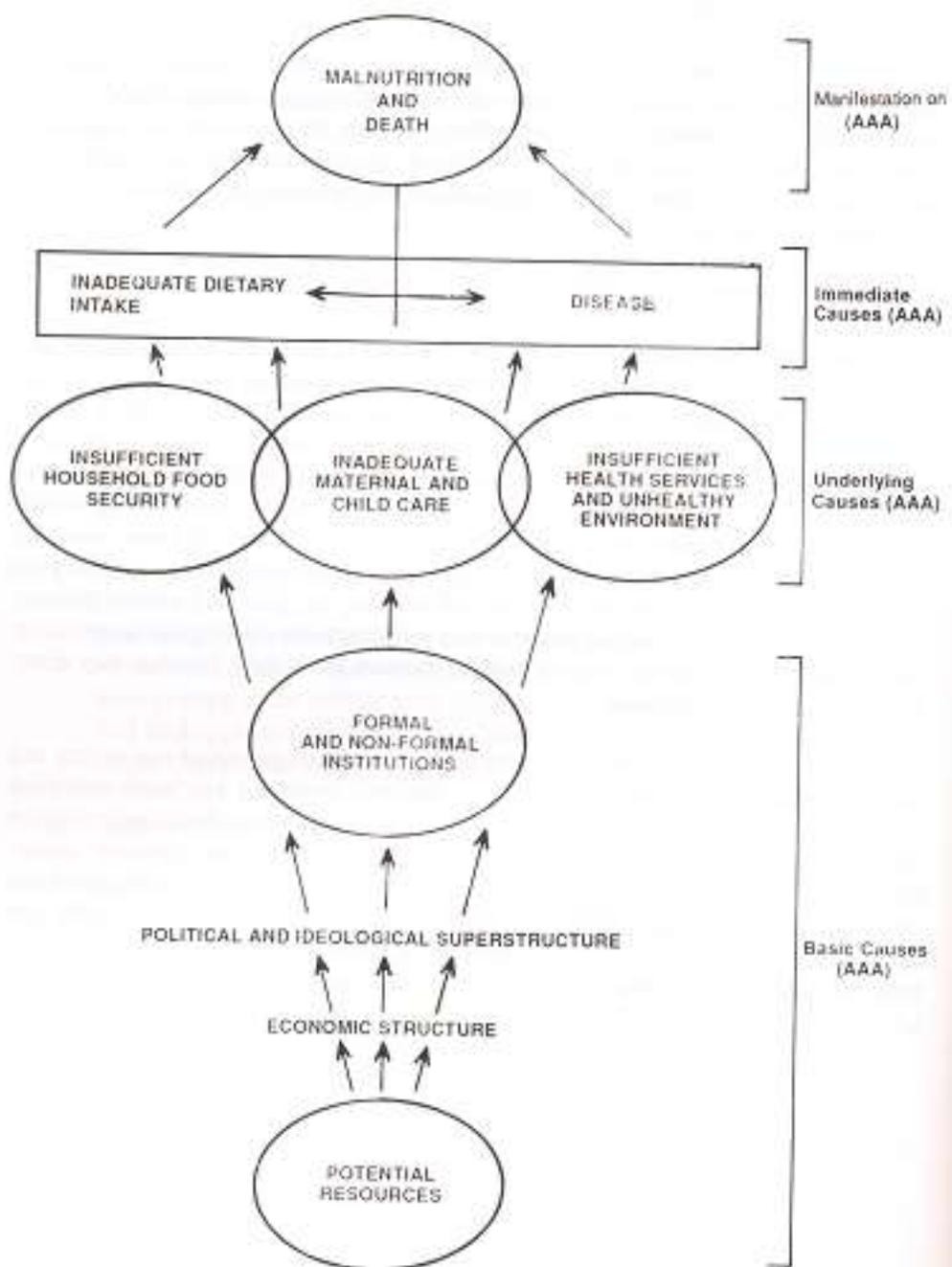
As is evident from the above, malnutrition is multisectoral in nature. Therefore, a number of underlying causes may combine at times and create a situation leading to the state of malnutrition among women and children. As such, the assessment and analysis in a particular context should identify, which ones of the potential causes are leading to a particular type of inadequate dietary intake and disease, previously identified as the most important immediate cause of malnutrition.

### **III- BASIC CAUSES**

Most underlying causes are themselves the product of basic or structural causes, like unequal distribution of resources. Every community has a certain potential for production which is activated by technical, economic, social, political and ideological factors and conditions. Technical factors include ecological constraints, existing tools, available natural resources, and technology including knowledge, skills and practices. Together they form a system that defines what can be produced. Economic and social conditions include factors like existing economic relations, division of labour and power structure. Together they determine what is to be produced. Political factors primarily reflect the structure and functions of the state and include income, tax, price and subsidy policies, the legal system, and the role and power of national institutions. Ideological factors cover even broader aspects such as religion, culture, tradition and beliefs. Together they determine what is actually produced.

The above framework relates to both the historical background of our society and factors external to it. The inefficient use of technology, combined with harsh ecological conditions are common basic technical causes. External economic dependence together with misdistribution of resources especially land, are common basic economic causes. Consumer and producer pricing structure, and subsidies and income policies, are basic political causes. -The subordination of women, the power structure both within and among households, often legitimised traditionally and accepted culturally is another basic ideological cause of malnutrition among women and children. These basic or structural causes must be assessed and analysed for possible action.

## CAUSE OF MALNUTRITION, ASSESSMENT, ANALYSIS AND ACTION (AAA)



## ACTION PROPOSED

The above causes of malnutrition suggest actions at different levels to alleviate the problem, as proposed below: -

Causes	Action Proposed	Level of Action
1. Immediate	<ol style="list-style-type: none"> <li>1. Nutrition rehabilitation of moderately malnourished children through direct feeding.</li> <li>2. Oral Rehabilitation Therapy (ORT) for diarrhoea control.</li> <li>3. Nutrition rehabilitation of severely malnourished children requiring institutional care through direct feeding.</li> <li>4. Provision of essential drugs like anti-malarial or deworming etc.</li> <li>5. Provision of lunch to school children (through WFP assistance)</li> <li>6. Distribution of micronutrients: isolated salt, lipidol capsules, injections, iron/folate and vitamin A, to make micronutrient deficiency</li> </ol>	<p>Household / Community Household</p> <p>Government/Community</p> <p>Government/Community</p> <p>WFP/Government/Community/ Household</p> <p>Government/Community/Household</p>
2. Underlying	<ol style="list-style-type: none"> <li>1.Improvement of Expanded Programme on Immunization (EPI)</li> <li>2. Introduction of Primary Health Care (PHC) delivery system including:               <ol style="list-style-type: none"> <li>2.1 Improved Management of PHC services at all levels especially at District level and bellow.</li> <li>2.2 Training of staff, especially female paramedics and Community Health Workers (CHW)</li> <li>2.3 Improvement of referral services.</li> <li>2.4 Improvement of transportation facilities, especially for the female field staff.</li> </ol> </li> </ol>	<p>Government/Community/Household</p> <p>Government/Community/Household</p>

	<p>2. Improvement and expansion of health, hygiene and nutrition education.</p> <p>3. Improvement an expansion of Family Planning Services.</p> <p>4. Household food security through production, harvesting, storage, distribution and marketing of staple foods, vegetables, and fruits.</p> <p>5. Minimizing workload of women in food production and water fetching, so they could find more time for child care.</p> <p>6. Provide due share to women in the family meals.</p> <p>7. Improved feeding practices by promoting exclusive breastfeeding for the first four-to-six months and following on weaning foods thereafter.</p> <p>8. Improved feeding practices by promoting exclusive breastfeeding for the first four-to-six months and following on weaning foods thereafter.</p> <p>9. Discouraging the use and sale of formula milks.</p> <p>10. Promotion of maternal and child care through</p> <p>101 Information, education and communication;</p> <p>102 Raising family income through skill development;</p> <p>103 Setting up of day-care centres for children.</p> <p>104 Encouraging women participation in educational and income generating activities.</p>	<p>Government/Community/Household</p> <p>Government/Community/Household</p> <p>Government/Community/Household</p> <p>Household/ Community</p> <p>Government/ NGOs/ Community/ Household</p>
	<p>11. Improvement of water supply and environmental sanitation through universal access to safe drinking water, sanitary means of excreta disposal and local maintenance.</p> <p>12. Improvement and promotion of education and literacy for improved earning opportunities, enlightenment, better mother and child care and reduction of gender differences.</p>	<p>Government/ NGOs/ Community/ Household</p> <p>Government/ NGOs/ Community/ Household</p>

<b>3. Basic</b>	1. Improved situation analysis through an ongoing research process including special studies on specific issues and problems.	Government
	2. Policy dialogue with policy makers, legislators, and special interest groups in the light of situation analysis as an ongoing process.	Government
	3. Developing of a surveillance system based on economic indicators as against social indicators and anthropometric comparisons to assess and analyse periodically the changes in quality of life of women and children.	Government
	4. Assessment and development of technology which is suitable within the local ecological, social, economic and cultural environment and which can help reduce the workload of women in household tasks like food production, carrying water, collecting firewood, and cooking, and which can at the same time also help increase the income generating capacity of the women.	Government/ Community/ Household
	5. Advocacy at all levels reflecting normative goals, and scientific method for assessment and analysis to take actions by using all possible channels of communication, for increased awareness, commitment and social mobilisation, aimed at reducing the prevalence of malnutrition.	Government/ NGOs

It is hoped, if the above proposals are considered for Action the problem of malnutrition among women and children will soon be alleviated in the NWFP.

### REFERENCES

1. Article 25, para 1.
2. Article 24.
3. Government of Pakistan, National Institute of Health; National Nutrition Survey 1985-1987 Report; 1988, Islamabad.