



BACKGROUND  
SERIES

# NUTRITION



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## **Introduction**

Good nutrition involves getting the right amount of nutrients from healthy food items with the right combination. The [World Health Organization](#) defines nutrition as "a process whereby living organisms utilize food for maintenance of life, growth and normal function of organs and tissues and the production of energy." Nutrition can be considered as one of the primary indicators to assess the health status of a community in general. Nutritional problems exist particularly due to poor socioeconomic and hygiene standards. Malnutrition poses one of the greatest threats to people's health and wellbeing and is known to impose high costs to individuals, families and societies. Food affordability, availability and quality of food are the key determinants of nutritional status in a region.

Under-nutrition is caused primarily due to poor absorption of nutrients consumed by the body as a result of repeated infectious diseases. It results in being underweight or being too short. Under nutrition can impair immunity competence and increase susceptibility and vulnerability to infections. Even mild to moderate malnutrition can increase the risk of children dying due to common infections.

Malnutrition encompasses a wide range of micronutrient deficiencies which affect all aspects of human development and particularly impact maternal mortality, birth outcome, child morbidity and mortality and childhood development.

## **Global Status on Nutrition**

Two billion people in the world suffer from various forms of malnutrition. Studies show that under-nutrition contributes to 2.6

million child deaths annually. Malnutrition is an underlying cause of death of 2.6 million children globally each year which accounts for one third of total child deaths. 1 in 4 of the world's children are malnourished and in developing countries this is as high as 1 in 3. This causes their bodies fail to develop fully as a result of lack of adequate nutrition required by the body.

As [USAID](#) reports, under-nutrition accounts for 11 per cent of the global burden of disease and therefore is considered a major risk to health worldwide. 2 billion people globally are known to have key vitamin and mineral deficiencies. Over 162 million children under 5 are stunted (too short for their age), 51 million children are wasted (too thin for their height) and 17 million are known to be severely wasted and require special treatment and are at high risk of death. Meanwhile, 44 million children are overweight due to over nutrition and at risk of chronic illness such as diabetes.

## **Status in South Asia**

336 million hungry people live in the [South Asian region](#). Problems of malnutrition persist heavily in South Asian regions. Due to inadequate dietary intake and frequent episodes of diseases over 50% of children in South Asia die. More than one third of children under the age of 5 in East and South Asia are stunted because of long-term insufficient nutrient intake and frequent infections. The physical and mental damage caused by stunting is known to be largely irreversible after two years of age.

Poor fetal and young child growth has a negative impact upon a child throughout their lives, resulting in poorer academic achievement, reduced earnings, and

increased risk of disease. 18% of babies are born with birth weight that is too low. 27% of children below 5 years of age are under weight. This is a general reflection on the status of nutrition in South Asia. 13% of children under five rapidly [lose weight](#) either because of illness or lack of food. 42% of pregnant women and 48% of pre-school children are anemic throughout South Asia. Anemia in pregnancy leads to low birth weight and other poor pregnancy outcomes, while anemia in young children negatively affects the mental and physical development.

### **Status in Nepal**

Malnutrition is a major public health problem in Nepal which needs adequate attention. Studies show that one out of twenty infants die before their first birthday and one out of sixteen children die before their fifth birthday in Nepal. [Nepal Demographic and Health Survey](#) showed that many people in Nepal do not have access to foods rich in Vitamin A. It revealed that only 28% of rural children and 37% of urban children under the age of 3 consumed foods rich in Vitamin A. The low consumption of fruit and fresh vegetables, which is highly dependent on local seasonal availability, contributes to nutritional disorders such as deficiencies in iron and vitamin A.

Nutritional disorders including iodine deficiency are more prevalent in isolated and inaccessible hill and mountain districts in which local food availability is synonymous with local production. However food consumption is just one of the multiple factors which interact and have an impact on the nutritional status of the overall population. Other important influences include morbidity, poor coverage

of health infrastructures and socio-economic factors.

Health service coverage in Nepal is limited. The Infant Mortality Rate, which is an important index of health and nutritional status of a community, is high by international standards: 118 for 1,000 births. A large number of infectious diseases such as respiratory and intestinal infections and malaria remain among the main causes of morbidity and mortality in Nepal especially in the most populated regions.

Nepal has a very high rate of [child malnutrition](#). Almost 49% of children under five are stunted and 39% are underweight. Maternal under nutrition is also a significant problem in Nepal. 24% women of reproductive age have chronic energy deficiency. Women and children also suffer from some of the world's highest levels of vitamin and mineral deficiency.

Improving nutrition contributes to productivity, economic development, and poverty reduction by improving physical work capacity, cognitive development, school performance, and health by reducing disease and mortality.

### **Existing Challenges/Barriers**

A greater attention is required for Nepal to address the current challenges in Nutrition for Nepal. The number of malnutrition cases itself is a major threat signal. Various government bodies and non-government institutions and development partners are implementing different interventions to improve the nutritional status. Lack of proper health care facilities makes it difficult to reach out to the rural areas of the country. Furthermore, the lack of awareness of the people on nutrition and its importance is another big problem Nepal is

facing. Due to its difficult geographic terrain, it has become hard to reach out to the people in regions that are affected the most.

Another major challenge is the economic status of the country. The problem of malnutrition occurs especially to the poor and marginalized people. Due to their inaccessibility and low affordability of nutritious food, they are in severe threat of malnutrition. Availability of proper and nutritious food is a major problem not only for the poor but even for the affordable class. There are very few laws/policies and rules to govern the food standards and quality and even the existing ones are not implemented properly.

Lack of rigorous research and funds can also be said to be another major hurdle while tackling the problem of malnutrition faced by Nepal. Other social determinants also play a significant factor for under-nutrition in Nepal, particularly in rural areas. While virtually everyone (89%) has access to an improved source of drinking water, more than half of the population (59%) lacks access to improved sanitation (67% in rural areas).

Nepal faces a serious food security challenge, with an estimated 3.7 million people having inadequate access to sufficient caloric intake. Dietary diversity is also a problem and this has worsened with the recent food price increase. Inadequate care for women and children is also a significant cause of under nutrition in the country. Women often have limited influence over how resources are spent and what food items are purchased.

Nutritional awareness is very low throughout Nepal. This low level of nutritional awareness is a major factor in

perpetuating behaviours that currently harm nutritional status, such as non-exclusive breastfeeding, late and inappropriate feeding practices for children, insufficient eating and rest for women during pregnancy and insufficient health care seeking behavior.

### **Current Interventions/Programmes**

[SUA AHARA](#) project is a five year, 46 million USD community-focused project dedicated to improving the health and nutritional status of pregnant and lactating women and children under two years of age, directly addressing the vulnerable points of development concerning nutrition. Likewise, [Multi Sectoral Nutritional Plan \(MSNP\)](#) emphasizes on determining what nutrition capacity exists in relevant sectors and what capacity must be developed to achieve the nutritional targets. It aims to build and strengthen local capacity to tackle nutrition problems. The government has also joined Scaling-Up Nutrition (SUN) movement to improve the nutritional status throughout the country in order to achieve the targets of Millennium Development Goals.

### **Way Forward**

Studies suggest that nutritional status improvement programmes/initiatives should be more oriented towards infant and child nutrition, especially providing micronutrient supplementation. The government should must enable and regulate hygiene practices to improve the health standards. Further, agriculture and food security policies need to be set up to improve the quality and standard of food items available for commercial sale.

More attention needs to be paid towards establishment of improved and effective

health systems. Safe drinking water and sanitation needs to be promoted to the poor people particularly the ones living under poverty. Attempts should be made to reduce the gender inequality and more efforts are required towards gender empowerment, emphasizing on the need for decision making authority on issues such as exclusive breast feeding and selecting food items to eat at home.

[Relief Web](#) adapting from the framework developed by UNICEF in 1990 highlight the following sectors that require specific attention to address the problems associated with nutrition:

- Infant and young child nutrition
- Micronutrient supplementation programmes
- Hygiene practices
- Agriculture and food security
- Improved and effective health systems
- Water and sanitation programmes
- Gender development policies
- Education for girls
- Poverty reduction and economic growth programmes
- Governance
- Environmental safeguarding and protection policies

Various poverty reduction and economic growth programmes should be operated to improve the living standards of the people. Also attempts towards environmental safeguarding and protection should be carried out if the problem regarding nutrition is to be addressed effectively. Promotion of good water, sanitation and hygiene practices at the household and community level is also required in support of the government efforts to achieve “Open Defecation Free” status for key districts.

Orientation/training can be provided on essential nutrition actions for health service providers, female community health volunteers, mother’s groups, and household decision makers, especially mothers-in-law and husbands. Likewise, enhancing health workers capacity to provide effective counseling on healthy timing and spacing of pregnancy for good health and nutrition is also vital.

The government should also promote mainstream home grown food production activities to increase year round [access to diverse and nutritious food at home](#) which could be a crucial element in countering nutritional problems in Nepal.

It is very evident as several studies have emphasized the need for focused attention to improve nutritional outcomes in Nepal. It is not that no work has been done. However, it is equally important to identify the key existing problems and designing locally appropriate and feasible interventions to move closer to solve such problems.