

# Malnutrition: still challenging in Nepal

## Conceptual paper

Government should sensitize local bodies and partnership with community about social accountability to develop human capital. Maternal and child mortality rates are declined meaningfully in Nepal since 2001 onwards, but both are still higher in comparison to south East Asia regional countries. There are several direct and indirect causes of maternal and child mortality. Among them malnutrition is also attributable to the mortality of women and children. The mortality directly and indirectly associated with the nutrition status of women and children. Lancet 2013 describes that about half of the child mortality caused by malnutrition. For example if a child suffers by diarrhea then he/she might go towards under nutrition and vice versa. Malnutrition means simply under nutrition and over nutrition. Mostly, in low income countries like Nepal have cases of under nutrition remaining high and very few cases of child over nutrition can be found here. However over nutrition of women has been increasing as well. Globally, Nepal is at the end in a rank of 20 countries comprising higher stunted children.

## Methodology

This is an analysis of secondary data of Nepal Demographic and Health Survey 2011, Multi-sector Nutrition Plan of Nepal and Nepal Multiple Indicator Cluster Survey 2014. This is also the comparative analysis along with challenges.

Only 4percentage point stunting decreased among less than five children in last five years which is far behind the MDG target 28percent. According to the MICS 2014, there are 37 out of 100 less than five children found stunted (too short for age) and 30% are underweight (very low weight for age) and 11% are wasted (very low weight for height) in Nepal. Among them about one third are severely affected by different forms of under nutrition so far. Which is very high than in developed country like in UK only 2% stunted. Underweight has gone up by 30% in 2014 from 29% in 2011 NDHS whereas the MDG target was 27percent by 2015. Despite of huge governmental and donor resources since fifteen years wasting is remaining the same.

Regarding women's malnutrition there were 18% under nutrition and about 14% women were over nutrition in 2011 in Nepal which shows that side by side over nutrition is also increasing than 9% in 2006 NDHS. It's unfortunate that since long ago, malnutrition is not decreasing as anticipated in Nepal. Thus further assessment and barriers analysis is very urgent to downsize these indicators.

## Causes of malnutrition

There are root causes of maternal and child malnutrition in Nepal encompasses poverty, political instability, ecological structure etc. Some underlying causes are determined as lack of quality diversified diet, poor caring, lack of education and low utilization of health services. These causes are well accepted widely which are analyzed in the framework of Unique. Similarly, maternal under nutrition is a

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cause of child under nutrition such as early childbearing below the age of 18 are 16percent in 2014. Similarly, 35 out of 100 reproductive age (15-49) women are already anemic found in NDHS 2011. Again, several women are bearing child more than four so that they may not get care and food in appropriate manner. In one hand the women immature physically and in under nutrition too and who bears more children in other hand. Let's imagine that how a malnourished pregnant woman can give a birth of healthy and nourished baby.

## Malnutrition Vs wealth

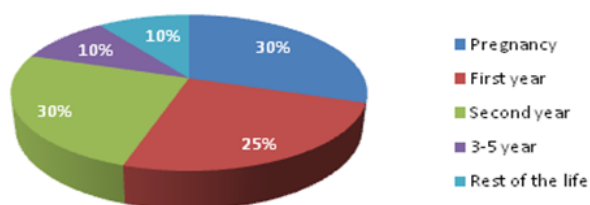
We can see the direct effect of wealth in malnutrition. If we see the wealth quantile several health indicators are worse in poor or low wealth quantile and remotes. The stunting among fewer than fifth year children is found two times higher in rural areas (56%) than urban (25). Similarly, a further study shows that the stunting is decreased overall by 14% point in 20years. However, it was increased by 12% in poor and poorest and decreased by 64% in richer and richest so far.

One estimation of World Bank shows that malnutrition decreases the GDP of a country by 3-7percent point so nutrition is inevitable for the economic as well as social development for the nation. Similarly, the investment of NRS 1 in child's nutrition gives us NRS 150 return and prosperity along with increased productivity and good health of the people in a long run.

## Role of nutrition in growth of children

Nutrition plays vital role in the growth and development of the children not only physical growth but also mental and cognitive capacity of mind develops in between conception to second birthday of a child also called first 1000days. Now it's started the global campaign and seen for the opportunity to invest in nutrition with "Golden 1000days." This is because scientists found that the baby's brain develops within first 1000days by 80% and never be retrieve in rest of the life.

## Brain (cognitive) development in human



### Political commitment

GoN should have planned to address poverty, increase diversity food, increase quality health care services and sanitation through Life cycle approach to break the vicious circle of malnutrition. Investment in nutrition would be sustainable in type through education and behavior change model. All concerned sectors such as local development, agriculture, health, education are responsible

to improving nutrition for the future human capital. Nepal should increase investment in nutrition with year round activities from the bottom up planning process embracing good governance as well. Now in changing situation government and other support agencies need to assess the situation frequently in proposed all provinces to design area specific program and activities in the future.<sup>1-3</sup>

### Acknowledgements

None.

### Conflict of interest

Author declares that there is no conflict of interest.

### References

1. *Nepal Demographic and Health Survey*. Nepal, India; 2011. p. 2–421.
2. *Multi-sector Nutrition Plan of Nepal*. India; 2012. p. 2–163.
3. *Nepal Multiple Indicator Cluster Survey*. Nepal; 2014. p. 4–424.