

Technical Bulletin #26:

Why Family Nutrition Matters

What is a healthy, well-nourished family?

A healthy, well-nourished family eats well in order to maintain a healthy and active life. This means that they understand what combinations of foods make a healthy diet. It also means that they have the skills and motivation to make good decisions about the food crops they grow, the food they purchase and their eating practices.



Nutritional status of Cambodians

Cambodians have made some good strides to improve the nutritional status among infants, but there are still serious problems of malnutrition among young children and women¹.

- Breast milk is the optimal source of nutrition for infants. In Cambodia, exclusive breastfeeding is the recommended practice for infants under the age of 6 months. And there has been good progress: in 2010, 74% of children 0-6 months were exclusively breastfed compared with 60% in 2005.
- Over the decade from 2000 to 2010, there were improvements in the nutritional status of Cambodian children. However, since the economic crisis of 2008, improvement in some indicators of child malnutrition has “stalled” and, in some cases, the trend has reversed.
- 40% of Cambodian children under the age of 5 years are stunted, or are growing at a reduced rate for their age. This is an indicator of chronic malnutrition or the failure to receive adequate nutrition over a prolonged period. There has been a steady decline in stunting since 2000 when the national rate was 50%. However, in USAID-HARVEST provinces, the current rates are still very high (45-50%) with the exception of Battambang (27%).
- Acute malnutrition or wasting among children who are currently not receiving adequate nutrition affects 11% of all Cambodian children. The rates in USAID-HARVEST provinces are slightly higher (12-14%). From 2000 to 2005, acute malnutrition dropped from 17% to 8%. However, with the sharp rises in food prices in recent years, Cambodia has seen a significant reversal in the trend with increased wasting among children.
- 28% of Cambodian children under the age of 5 years are underweight for their age. This is a composite indicator that combines the effects of chronic and acute malnutrition. Between 2000 and 2005, the rate dropped from 38% to 28%, but it hasn't changed or improved since then. Again, in USAID-HARVEST provinces, the rates are high (31-35%) except in Battambang (22%).

¹ National Institute of Statistics, Directorate General for Health and IFC Macro, 2011: Cambodia Demographic and Health Survey 2010.

- 44% of Cambodian women of childbearing age (15-49 years) are anemic. In most cases, women suffer from iron-deficiency anemia meaning that they do not eat sufficient iron-rich foods or other micronutrients that help their bodies absorb iron.

The first two years of a child's life are critical for nutritional well-being

It is very important to ensure that newborn babies and children under the age of 2 years receive adequate nutrition on a daily basis. The key recommended practices are:

- Exclusively breastfeed a baby in the first 6 months. Breast milk is all the infant needs in this period.
- When a baby reaches 6 months, add complementary foods such as enriched *bobor* in addition to breastfeeding.
- As a baby grows older, increase the frequency, amount, texture and variety of the foods that a baby eats.
- Continue breastfeeding the baby until the age of 2 years or older.

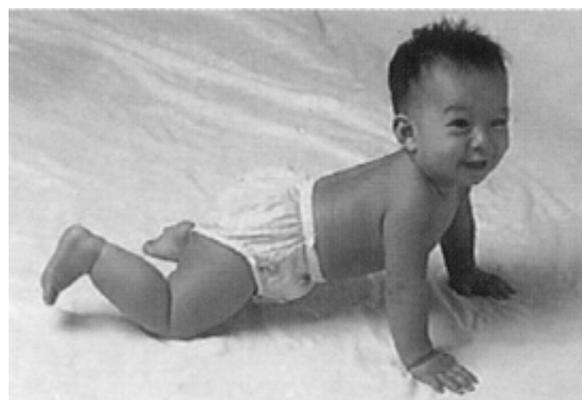


If babies and young children do not receive adequate nutrition, they will begin to show signs of acute malnutrition. The damage to their physical growth and brain development can be extensive and is irreversible. The effects of poor nutrition that occur in the first 2 years cannot be reversed or corrected later in life.

Consequences of poor nutrition practices for individuals, families and communities

Infants and young children who are not fed properly are at greater risk of:

- Death: a non-breastfed baby is 14 times more likely to die in the first 6 months of life than a baby that is exclusively breastfed.
- Frequent diarrhea that occurs more often and more severely. Infants under the age of 6 months that are fed contaminated water, formula and other foods are at greater risk.
- Frequent respiratory infections.
- Malnutrition.
- Under-development, including retarded growth, underweight, stunting and wasting due to higher risk of infectious diseases such as pneumonia.
- Lower scores on intelligence tests and lower ability to learn at school.
- Incidence later in life of heart disease, diabetes, cancer, asthma and dental decay.
- Child morbidity and mortality



Women who practice poor nutrition are at risk of:

- Increased infection due to weakened immune system, weakness and tiredness.
- Lower productivity and decreased ability to care for children.
- Difficult pregnancy and childbirth: difficult labor due to small bone structure; giving birth to an underweight baby; possible death due to bleeding and other complications during or after delivery.

If pregnancy occurs during adolescence, a teenage mother and the growing fetus compete for nutrients. If a teenage mother has not completed her own growth cycle and has a small pelvis, she is at greater risk of a difficult labor and complications during delivery.



Families that practice poor nutrition are at risk of:

- Higher or more medical expenses due to sickness and infections.
- Increased transport costs for trips to get medical treatment.
- Weakness and tiredness.
- Lower productivity and less physical activity.
- Increased child morbidity and mortality.

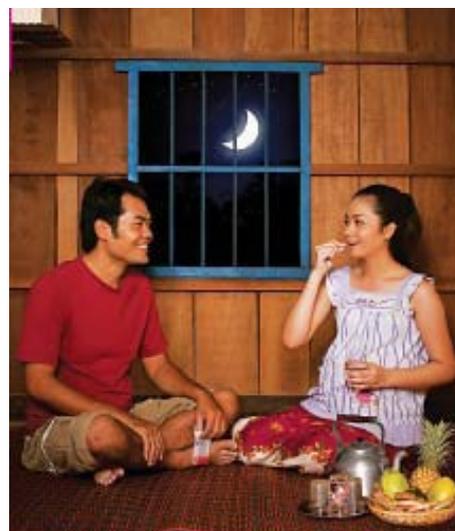
Community issues related to poor nutrition practices include:

- Malnutrition leads to increased expenses due to more childhood illness.
- Poor nutrition practices result in lower work productivity in the community, as well as poorer performance by students at school.
- Malnutrition among the members of a community contributes to perpetuating poverty.

The role of fathers in family nutrition

In Cambodian society, women are commonly seen as being responsible for making sure that the family eats a healthy diet and practices good nutrition. More and more, however, fathers and other men in Cambodian households are getting involved in improving the nutrition of the entire family.

- When his wife is pregnant, a man can accompany her when she goes to the antenatal clinic. He can remind her to take her iron/folate tablets. And, he can make sure that she eats extra food while she is pregnant and, after birth, while she is nursing the baby.
- When the baby is ready to be born, he can make the arrangements for safe transportation to the hospital and ensure there is a trained birth attendant to take care of his wife.



- He can encourage his wife to start breastfeeding immediately after birth and to breastfeed exclusively for the first 6 months of the baby's life.
- He can help with non-infant household chores, feeding other children and other types of support so that his wife has the time and energy to breastfeed and take care of the baby.
- He can talk with his mother and other members of the family so they understand and support how he and his wife want to feed and take care of their baby.
- As the baby reaches 6 months and older, he can make sure there is a good variety of nutrition-rich foods in the home garden or bought at the market. He can also get involved in feeding the child as it starts to eat complementary foods.
- He can accompany his wife when they need to take the child to the health facility for Growth Monitoring Promotion (GMP) and immunizations, or when the child is sick. He can also discuss child spacing with his wife.
- He can support and encourage his daughters to go to and stay in school so that they grow up with better education and greater opportunities for having their own well-nourished families.
- If they live in an endemic malaria area, he can make sure that there are bed nets for the entire family.

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