

F-04: Nutrition status of Sri Lanka's children: what do we really know?

Soma de Silva

(UNICEF, Colombo 4)

Nutrition status of children has drawn attention in recent years from researchers, policy makers, politicians and United Nations agencies, particularly UNICEF. Two factors prompted this attention in Sri Lanka. One was that, as survival chances of the children improved, the development issues of the surviving children surfaced Nutrition which relates to growth and development was one such issue. Second, was household surveys that measured nutrition status using anthropometric measurements. They highlighted the poor nutrition levels.

The nutrition status of children in Sri Lanka, in sharp contrast to survival and other development status is very poor. Consequently, nutrition improvement became a focus of attention. Both the Government and the Non-governmental organisations made specific nutrition interventions in both national and local development programmes. Yet, there has been no significant improvements.

This paper identifies levels, trends and differentials of nutrition status. It examines the causes of undernutrition within the conceptual framework of undernutrition developed by UNICEF. Finally, it points out the critical gaps in knowledge, and practice needed for reducing undernutrition.

The paper synthesises published data from the national surveys conducted in the 1980's and 1990's. These include the Demographic and Health Surveys of 1987 and 1993 and the Nutrition and Health Status surveys. It also draws information on causal factors from a secondary analysis of the former 2 data sets and a baseline survey of the Participatory Nutrition Improvement Programme implemented under the Government of Sri Lanka - UNICEF programme of co-operation.

Protein-energy undernutrition as measured by z-scores of the height-for-age, weight-for-age, and weight-for-height in relation to the International Reference Population of CDD/NCHS/WHO is estimated by age, sex, and selected socio-economic variables, cross-sectionally and over time. Causes of undernutrition are assessed using multivariate analysis. The causes examined are food, health and care which are the underlying causes identified in the conceptual framework.

The paper specifically examines the role of low birth weight in the prevalence of undernutrition in children under 3 years of age.

Protein-energy undernutrition is high among Sri Lankan children. Almost 40% of children under 5 years are undernourished. Nearly 1 out of 5 children is born malnourished in that they are already underweight at birth. Such children continue to be undernourished contributing nearly 40% to the total undernutrition. Undernutrition is much higher among certain population segments than others, children of mothers with little or no schooling, and those living on the estates and non-irrigated dry zone areas.

Over the 6 year period 1987 to 1993, there has been some improvement in the level of stunting, but none in the level of wasting.

The most significant variation is by age. Stunting or retardation in linear growth begins at the very first months of life and deteriorates so sharply that by the end of the first year of life, the average heights have fallen near 2 standard deviations below the median of the reference population.

Among the 3 underlying causes of undernutrition - food, health and care-, household food security and access to health services is usually adequate. It is care that appears to be lacking and acting through food intake and disease to bring down nutrition levels.

The results point to the need for focusing nutrition interventions on the first few months of life of the infant, for it is during this period, that the child's nutrition status deteriorates rapidly and dramatically. The current focus on feeding the pre-school children and other similar programmes get the children when they are already malnourished and growth and development is already retarded.

The evidence that the primary cause of the prevailing undernutrition is not a lack of food security or health services but rather, inadequacy of caring, which results from lack of knowledge points the direction for programmes to improve the nutrition of young children. Such caring includes proper

breastfeeding, adding some fats or oils to the family's food to enrich them, continued feeding during and after illness - and very important - preventing infections through sanitary practices. Such caring also includes maternal care, for it is maternal undernutrition that causes children to be born undernourished.