

ADAKLU DISTRICT HEALTH DIRECTORATE



NUTRITION INTERVENTION REPORT. JANUARY, 2021.

NUTRITION INTERVENTION IN THE ADAKLU DISTRICT IN THE YEAR 2020

NUTRITIONAL ISSUES

- Increased prevalence rate of underweight among children under five
- Increased prevalence rate of Stunting among children under five
- Increased anemia among adolescents of school going age

INTERVENTIONS

The District taking into consideration, the issues in the aspect of nutrition, planned towards averting the menace, the District put in place various interventions reduce anemia, prevalence of underweight, wasting and stunting.

➤ NUTRITION CLINIC

To continue with anthropometric measurements at Child Welfare Clinics

To intensify nutrition counselling to lactating mothers and care givers on:

Exclusive breastfeeding and continuous breastfeeding up to at least 2years.

Nutrition counselling on right starting and right complementary feeding.

Counselling pregnant women and lactating mothers on eating nutritious foods.

➤ ADOLESCENT NUTRITION

To carry out nutritional assessment among adolescents of school going age

To intensify nutrition counselling on 4star diet and its importance to their health at adolescent club meeting.

Formation of SMART school clubs to educate adolescents on health issues including proper nutrition

UNDERWEIGHT

This indicator is measured by taking the weight compared to age

Underweight: weight for age < -2 standard deviations (SD) of the WHO Child Growth Standards median *What are the consequences and implications?*

Underweight: As weight is easy to measure, this is the indicator for which most data have been collected in the past. Evidence has shown that the mortality risk of children who are even mildly underweight is increased, and severely underweight children are at even greater risk

UNDERWEIGHT AMONG CHILDREN U5 YEARS IN THE DISTRICT

	BOYS	GIRLS	TOTAL
TOTAL ASSESSED	463	470	933
% PREVALENCE	59 (12.7)	55(11.7)	114(12.2)

STUNTING

- Stunting: height for age < -2 SD of the WHO Child Growth Standards median *Stunting:* Children who suffer from growth retardation as a result of poor diets or recurrent infections tend to be at greater risk for illness and death. Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity. This in turn affects economic productivity at national level. Women of short stature are at greater risk for obstetric complications because of a smaller pelvis. Small women are at greater risk of delivering an infant with low birth weight, contributing to the intergenerational cycle of malnutrition, as infants of low birth weight or retarded intrauterine growth tend to be smaller as adults.

STUNTING AMONG CHILDREN U5YEARS IN THE DISTRICT

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INTERVENTIONS TO REDUCE UNDERWEIGHT AND STUNTING AMONG CHILDREN U5 YEARS

Continue analysis of anthropometric

anthropometric measurements.

Analysis were done at the end of each month and feedback giving caregivers at CWC.

Health staff carried education and counselling on starting right and feeding right foods at each stage of child growth.



Nutrition status assessment on dietary diversification, amount and frequency of children under-five were carried out.

Action oriented groups were formed during CWCs to educate caregivers on age specific feeding.



Nutrition counselling for lactating mothers, pregnant women and postnatal mothers.

Health education talks on proper nutrition were carried out at CWCs. Food demonstrations were also done at CWCs to help caregivers understand and apply information on nutrition.



Caregivers were taught how to prepare Win mix flours to feed their children to improve on their nutritional status.

ADOLESCENT NUTRITIONAL STATUS ASSESSMENT

The district introduced adolescent nutritional status assessment because, over the years the



District focused on reducing teenage pregnancy hence health educational talk on adolescent sexual behavior was given at adolescent club meetings. The regional nutrition officer in collaboration the Adaklu DDHS thought to also assess the nutritional status of these adolescents and intensify nutrition counselling based on the outcome of the analysis to ensure continuous and proper

nutrition throughout the stages of life. In all 174 adolescents were assessed for stunting out of which 113 were females and 61 were males. 171 of the adolescents were assessed for wasting out of which 112 were females and 59 were males.

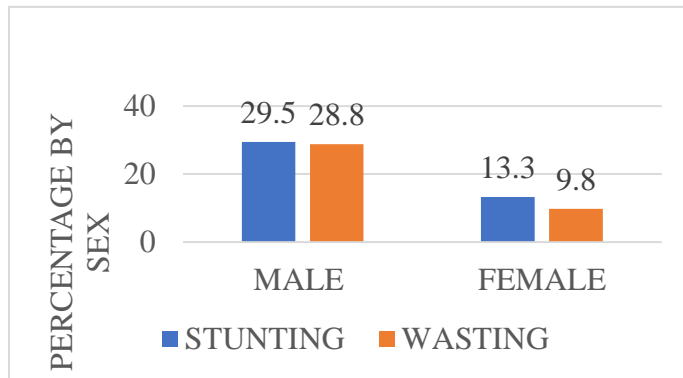
WASTING

- Wasting: weight for height < -2 SD of the WHO Child Growth Standards median

Wasting: Wasting in children is a symptom of acute undernutrition, usually as a consequence of insufficient food intake or a high incidence of infectious diseases, especially diarrhea. Wasting in turn impairs the functioning of the immune system and can lead to increased severity and duration of and susceptibility to infectious diseases and an increased risk for death.

PREVALENCE OF STUNTING AND WASTING AMONG ADOLESCENTS IN THE DISTRICT

STUNTING AND WASTING BY SEX



According to WHO 1995 the cut -off for stunting 20-29%: Medium prevalence while, 30-39%: High prevalence.

For wasting 10-14%: Serious $\geq 15\%$: Critical. Based on these analyses, the nutrition education at adolescent club meetings was prioritized and carried out holistically. The district currently has 84

community based adolescent clubs.

SMART school clubs were also formed in schools where school aged children were educated on various nutrition topics such as: Exclusive breastfeeding, breastfeeding, complementary feeding, 4-star diet etc. and its importance to the body. Games on nutritional messages on breastfeeding, 4-star diet etc. were also designed for clubs to use.

SCHOOL FEEDING PROGRAM

Multi stage sampling technique was used to recruit a total of 408 pupils for the study to compare nutritional status children in schools with school feeding program to children in schools without school feeding program. Data was collected from school children between the ages of 6-12 using semi-structured questionnaire and anthropometric measurements.

Conclusion: Malnutrition remain high among children and highest in non-feeding school compared to children in feeding school. Children, taking money to school and children living with parents were major predictors of malnutrition. Similarly, monthly income and employment status were caregivers' characteristics influencing malnutrition among children.

Overall, prevalence of malnutrition was 29.3%, higher among children in non-feeding school compared to children in feeding school although not significant. The burden of stunting is high among the school children. Living with parents, caregiver's monthly income and not taking money to school were major predictors of malnutrition among school children aged 6-12 years.

Recommendations

- The Ghana Education Service should expand the school feeding program policy to non-feeding school in order to reduce the burden of malnutrition.
- Caregivers' should be encouraged to equally provide feeding money for their children before school hours
- The Ghana Health Service in collaboration with Ghana Education Service should educate caregivers on provision of recommended nutrition for their children.

Compiled by:

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NUTRION OFFICER

